



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

2:20p 2:50p
TIME IN 12:20p TIME OUT 1:50p
PAGE 1 of 5

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <u>Pizza Hut</u>		OWNER: <u>Summit Restaurant Group</u>	PERSON IN CHARGE: <u>Katharine McClure</u>
ADDRESS: <u>4005 Scenic Rivers Blvd.</u>		COUNTY: <u>Dent</u>	
CITY/ZIP: <u>Julesburg 65560</u>	PHONE: <u>781-5159</u>	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS			
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
Employee Health							
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Proper date marking and disposition		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/O N/A	Time as a public health control (procedures / records)		
IN OUT	Adequate handwashing facilities supplied & accessible			Consumer Advisory			
Approved Source							
IN OUT	Food obtained from approved source			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Highly Susceptible Populations		
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Chemical		
Protection from Contamination							
IN OUT N/A	Food separated and protected			IN OUT	Food additives: approved and properly used		
IN OUT N/A	Food-contact surfaces cleaned & sanitized			IN OUT	Toxic substances properly identified, stored and used		
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT N/A	Conformance with Approved Procedures		
The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item							

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
✓		Pasteurized eggs used where required			✓		In-use utensils: properly stored		
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control									
✓		Adequate equipment for temperature control			✓		Single-use/single-service articles: properly stored, used		
✓		Approved thawing methods used			✓		Gloves used properly		
✓		Thermometers provided and accurate			✓		Utensils, Equipment and Vending		
Food Identification									
✓		Food properly labeled; original container			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Prevention of Food Contamination									
✓		Insects, rodents, and animals not present			✓		Warewashing facilities: installed, maintained, used; test strips used		
✓		Contamination prevented during food preparation, storage and display			✓		Nonfood-contact surfaces clean		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Physical Facilities		
✓		Wiping cloths: properly used and stored			✓		Hot and cold water available; adequate pressure		
✓		Fruits and vegetables washed before use			✓		Plumbing installed; proper backflow devices		
				Sewage and wastewater properly disposed					
				Toilet facilities: properly constructed, supplied, cleaned					
				Garbage/refuse properly disposed; facilities maintained					
				Physical facilities installed, maintained, and clean					

Person in Charge / Title: <u>Katharine McClure</u>	Date: <u>12-20-2023</u>
Inspector: <u>John Peacock EPHSTI</u>	Telephone No. <u>781-2106 x106</u>
EPHS No. <u>1162</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <u>1-22-24</u>



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ESTABLISHMENT NAME Pizza Hut		ADDRESS 400 Scenic Rivers Blvd.		CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Diced tomatoes Prep cooler top		43°	Ambient Air Beverage air Fridge		35°
Cooked bacon pcs " " "		41°	bottled soda Pepsi glass front Fridge		30°
Shredded cheese " " "		39°	Shredded cheese walk in cooler		34°
Prep Ambient temp " " bottom		37°			
Ambient temp. Traulsen Single Door		43°			

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
1-204.11	Obs: sanitizer buckets by prep table handsink with 200ppm chlorine	CDS	K11
4-601.11A	Obs: grease buildup and dripage at fuseable link above deep fryer.	CDS	
6-501.111	Obs: mouse droppings in cabinet under soda machine.	CDS	
2-401.11	Obs: coffee cup with no lid sitting on front counter	CDS	
4-601.11A	Obs: debris in bottom of 2 door Traulsen freezer.	CDS	
4-601.11A	Obs: debris on floor of Norlake refrigerator.	CDS	K11

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
6-501.12(A)	Obs: exhaust fan cover dirty mens restroom dirty.	1-22-24	K11
6-501.12(A)	Obs: furnace closet with debris on the floor.		
6-501.11	Obs: exhaust fan may not be drawing air womens RR		
6-501.12(A)	Obs: debris on floor by and behind deep fryer.		
4-601.11(C)	Obs: debris inside bottom of deep fryer.		
6-202.13	Obs: daylight below and on right side of rear door		
6-501.12	Obs: dried food debris and buildup on walls + ceiling by pizza oven, pizza topping prep cooler + deep fryer.		
6-501.12(A)	Obs: debris on floor below pizza topping prep cooler under pizza oven.		K11

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: *Melanie* Date: 12-20-2023
 Inspector: *Donna Jones EPHS II* Telephone No. 784-3106x106 EPHS No. 1168
 Follow-up: Yes No Follow-up Date: 1-22-24



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ESTABLISHMENT NAME <i>Pizza Hut</i>	ADDRESS <i>400 E Scenic Rivers Blvd</i>	CITY <i>Salem</i>	ZIP <i>65560</i>
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.			

Code Reference	CORE ITEMS	Correct by (date)	Initial
Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.			
5-501.114	Obs: outdoor refuse dumpster with drain plug missing.	1-22-24	KM
5-501.115	Obs: leaves and other debris on ground in dumpster area.	↓	
5-501.18	Obs: hand sink dirty in dishwashing area.		
5-501.16c	Obs: no trashcan at hand sink dishwashing area.		
5-501.114	Obs: clutter throughout the facility.		
4-601.110	Obs: door of ice bin at soda machine with debris and COS counter around the soda machine as well.		
4-601.110	Obs: outside of sugar container is sticky with debris.		
3-302.12	Obs: container with sugar ? unlabeled.	COS	KM

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:		Date:
Inspector: <i>Donna Jones EPHS II</i>		<i>12-20-2023</i>
Telephone No.:	EPHS No.:	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>121-3106x106</i>	<i>1168</i>	Follow-up Date: <i>1-22-24</i>



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Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
6-301.11	Obs: no soap at front counter hand sink,	005	KIM
6-501.12A	Obs: debris around and behind ice machine floor + wall,	1-22-24	
4-904.11	Obs: silverware stored wrong side up in container on drying rack.		
6-501.12A	Obs: floor around 3 vat sink + dishwasher with debris		
6-202.11A	Obs: uncovered bulbs above 3 vat sink + dishwasher.		
6-303.11	Obs: insufficient lighting above 3 vat sink + dishwasher		
4-601.11	Obs: dish racks with a buildup of debris.		
4-601.11C	Obs: door handles of walk in cooler + freezer + floor of both with debris. Door handles of Traulsen freezer too.	✓	KIM

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Michelle Jones		Date: 12-20-2023	
Inspector: Michelle Jones EPHS II	Telephone No. 127-3126 x1016	EPHS No. 1160	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: 1-20-24



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FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
<i>(This section is crossed out with a large diagonal line)</i>			

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
<i>4-601.11C</i>	<i>Obs: rolling carts with debris on them</i>	<i>1-22-24</i>	<i>KJM</i>
<i>6-501.11</i>	<i>Obs: front counter trim chipped and missing on counter next to west side door.</i>	↓	↓
<i>4-602.13</i>	<i>Obs: pizza pans + rectangular pans with baked on grease inside and out.</i>	↓	<i>KJM</i>

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Christy McChesney</i>			Date: <i>12-20-2023</i>
Inspector: <i>John Dred EPHS II</i>	Telephone No. <i>724-306X106</i>	EPHS No. <i>1168</i>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <i>1-22-24</i>