



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

TIME IN: 10:06A TIME OUT: 10:30A
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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: <i>Hillbilly Snack Shack</i>	OWNER: <i>Donnie + Donna Gray</i>	PERSON IN CHARGE: <i>Donna Gray</i>
ADDRESS: <i>14570 Hwy 32</i>	COUNTY: <i>Dent</i>	
CITY/ZIP: <i>Mem 65560</i>	PHONE: <i>613-453-8250</i>	FAX:
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 type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> MOBILE VENDORS		
PURPOSE <input checked="" 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 type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input 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 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 / N/O / N/A	Proper reheating procedures for hot holding		
IN / OUT	Management awareness; policy present			IN / OUT / N/O / N/A	Proper cooling time and temperatures		
IN / OUT	Proper use of reporting, restriction and exclusion			IN / OUT / N/O / N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN / OUT / N/A	Proper cold holding temperatures		
IN / OUT / N/O	Proper eating, tasting, drinking or tobacco use			IN / OUT / N/O / N/A	Proper date marking and disposition		
IN / OUT / N/O	No discharge from eyes, nose and mouth			IN / OUT / N/O / N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN / OUT / N/O	Hands clean and properly washed			IN / OUT / N/A	Consumer advisory provided for raw or undercooked food		
IN / OUT / N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN / OUT	Adequate handwashing facilities supplied & accessible	✓		IN / OUT / N/O / N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN / OUT	Food obtained from approved source			IN / OUT / N/A	Food additives: approved and properly used		
IN / OUT / N/O / N/A	Food received at proper temperature			IN / OUT	Toxic substances properly identified, stored and used		
IN / OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN / OUT / N/O / N/A	Required records available: shellstock tags, parasite destruction			IN / OUT / N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN / OUT / N/A	Food separated and protected						
IN / OUT / N/A	Food-contact surfaces cleaned & sanitized						
IN / OUT / N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

Person in Charge / Title: _____ Date: *5-22-2024*

Inspector: *Donna Gray EPHS II* Telephone No. *613-453-3106* EPHS No. *11683* Follow-up: Yes No
 Follow-up Date: _____



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TIME IN 10:06a	TIME OUT 10:36a
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ESTABLISHMENT NAME Hillbillly Snack Shack	ADDRESS 4570 Hwy 32	CITY Salem	ZIP 65560
FOOD PRODUCT/LOCATION Berg refrig. Ambient	TEMP. 39°	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

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
6301.14	Handwashing signage	COS	
6301.11	Soap at hand sink	COS	
* 4601.11A	Berg refrig needs wiped out.	COS	
4-204.12	Need thermometer in Berg refrig.	COS	
5501	Outside trash receptacle with lid	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>[Signature]</i>	Date: 5-22-2024
Inspector: <i>[Signature]</i> EPHS II	Telephone No. 513-784-3106
EPHS No. 1163	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 5-22-2024