

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

TIMEIN	30	TIME, OUT			
PAGE	of 3	3			

DASED 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: ater's Sporting Goods Weith Mahunn (Linda) Betsu Hartstield												
ADDRESS: 1579 N. Hwy 19 county: Dent												
CITY/ZIP50	ulen	1 65560	PHONE: -a	75'	7	FAX:			margarith .	P.H. PRIORITY :	MDL	
☐ BAKERY	RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS PURPOSE											
FROZEN DE	SSERT	Routine Follow-up	Complaint SEWAGE DISP	Oth OSAL			R SUI					
License No	Disappr	roved 🗵 Not Applicable	PUBLIC PRIVATE			C C	OMML	JNITY		-COMMUNITY PRIVAT Sampled Results		
Diely feeters -			RISK FAC									
foodborne illnes	re rood p ss outbr	preparation practices and employed eaks. Public health intervention	ee behaviors most co s are control measur	mmonly es to pre	reporte	ed to the	ne Cente ne illnes	ers for Dis	sease Control	and Prevention as contributing factor	rs in	
Compliance	14:1	Demonstration of K		COS	R		mpliance			otentially Hazardous Foods	COS	R
IN OUT		Person in charge present, demo and performs duties	onstrates knowledge,			IN	OUT (N	/O/N/A	Proper cook	king, time and temperature		
IN OUT		Employee He				-	_	/O N/A		eating procedures for hot holding	1	
IN OUT		Management awareness; policy Proper use of reporting, restrict						/O N/A		ing time and temperatures nolding temperatures	-	
)	Good Hygienic P	ractices			IN	OUT	N/A	Proper cold	holding temperatures		
IN OUT N/O	5	Proper eating, tasting, drinking No discharge from eyes, nose a	or tobacco use					/O N/A		marking and disposition ublic health control (procedures /	-	
		Preventing Contaminat	ion by Uparts						records)			
IN OUT N/O)	Hands clean and properly wash				IN	OUT	N/A		Consumer Advisory advisory provided for raw or		
IN OUT N/O)	No bare hand contact with read approved alternate method pro							undercooke Hig	ghly Susceptible Populations		
IN OUT		Adequate handwashing facilities accessible				IN OUT N/O N/A		Pasteurized offered	foods used, prohibited foods not			
-		Approved Sou						-		Chemical		
IN OUT N/O	N/A	Food obtained from approved s Food received at proper temper	ource ature			IN OUT N/A		N/A	Food additives: approved and properly used Toxic substances properly identified, stored and			1 3-1
IN OUT							~	used Conforn	nance with Approved Procedures			
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction				IN (OUT	N/A	Compliance and HACCP	with approved Specialized Process P plan				
IN OUT I	N/A	Protection from Con	tamination			The	letter to	the left o	f each item ind	dicates that item's status at the time	of the	
and the same	inspection.											
IN OUT N/O Proper disposition of returned, previously served, N/A = not applicable												
		reconditioned, and unsafe food	G	OOD RE	ETAIL F	PRACT	ICES					
		Good Retail Practices are preven		ACCOUNT OF THE PARTY OF THE PAR			William Co.	ogens, ch	emicals, and	physical objects into foods.		
IN OUT	Desta	Safe Food and Wate		COS	R	IN	OUT			er Use of Utensils	cos	R
		urized eggs used where required and ice from approved source							tensils: proper	rly stored nd linens: properly stored, dried,	17000.41	
						6		handled				
1	Adea	Food Temperature Con late equipment for temperature co				1/			ise/single-serv used properly	vice articles: properly stored, used		
		ved thawing methods used	711101					Cioves		quipment and Vending	Pro Talia	10.7
1	Therm	nometers provided and accurate				i			d nonfood-cor d, constructed	ntact surfaces cleanable, properly		
		Food Identification					1		shing facilities	s: installed, maintained, used; test		
1	Food	oroperly labeled; original containe					1		d-contact surfa		Base, e.	
1	Insect	Prevention of Food Contam s, rodents, and animals not prese					1	Hot and		ysical Facilities railable; adequate pressure		
1		mination prevented during food p				. /				oper backflow devices		7.34
and display Personal cleanliness: clean outer clothing, hair restraint,				V		Sewage	and wastewa	iter properly disposed	- 1 a			
fingernails and jewelry				1	1					a con		
Wiping cloths: properly used and stored Fruits and vegetables washed before use				10				rly constructed, supplied, cleaned erly disposed; facilities maintained	IF TO			
			1				1		I facilities insta	alled, maintained, and clean	202.503	0.178
Person in Cha	arge /T	itle: A Han	100						Date	4-6-000	Ł	
Inspector:	Inspector: Telephone-No. EPHS No. Follow-up: Yes No. Follow-up Date:											
MO 580-1814 (11-14)	1/		DISTRIBUTION: WHITE	- OWNER	'S COPY	1_		CANARY - F		10-11-2	2026	E6.37



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TIME INDO.	TIME OUT
PAGE 2 of	3

ESTABLISHMENT NAME TOLEY'S SOVIETING GOODS ADDRESS 79 N. HWV19 CITY GOLEM	ZIP 5560
FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION	TEMP.
blibbet Sitting on counter 42 Over over Walk in cooler	370
Nam walk in cooley 49 Kibettes h h n	310
arrive h h h 37 (Hickening Biscuit hot hold	13%
4-8) 4 n n 35° Ambient Air glass front cooler	4a°
Code Reference R	Correct by Initial (date)
Dur with a 7. Voluntarily thrown away.	COS BH
3-501.18 Obs: Ribettes with use by date of 9-4- in way in copier.	(05)
Voluntarily thrown away.	
5501.16 A) Obs. Chicken na biscuit in hot hold beld a 101° -	cos
Voluntary thrown away.	COS
2-501.111 Obs: dead bugs in bottom track of glass front cooler	至
HOLLIA DIOS! rack inside pizza ovendirty.	9-9-21 OK
4-20211 Dbs: inside edge of lip of ice machine peeling off.	749=24
HOLLIA Obs! air frier divtry on the inside.	9-9-21104
	COS .
Gode Code Core ITEMS	Correct by Initial
Reference 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.	(date)
4-204,112 Obs! no themometer in Red Bull Cooler.	4-4-24 OK
o-501.12(A)Obs; divty fan in glass front cooler.	9-9-24 OK
0202.14 Obs: public bathroom with no self closing door.	10-4-24016
5-202,12/4) Obs: water not reaching 100°F in public restriction.	10-4-2401
6501.120 Obs: fans in walk indirty-cobwebs on wall of walk.	9-9-24 OK
in Cooler.	
0501.12(A)Obs! floor of walk in cooler with debis	9-9-21 OR
3-305.11 Obs: canned arrang sitting onfloor in office and	cos
potatochysisting on tisor next to chip rack.	
4-602.12B) Obs: inside of microwave divty in office.	9-9-24-010
Safe needs to be moved out of food over avea.	
Person in Charge /Title: Date: 0.1	On mil
Inspector: Telephone No. EPHS No. Follow-up:	7009 Yes □ No
MO 580-1814 (11-14) DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY CANARY - FILE COPY	9-9-34 D-11-21-1E6.37A
DISTRIBUTION, WITHER COST.	0-4-24



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

TIME IN 18 P TIME 1045 P

ESTABLISHMENT NAME THE SOUTH OF SOUTH O	ADDRESS 1579 N, H	WY 19 CIT'S	alem	5560 TEMP.		
Code Reference Priority items contribute directly to the ell or injury. These items MUST RECEIVE	PRIORITY I' imination, prevention or reduction IMMEDIATE ACTION within 72	TEMS n to an acceptable level, hazards associtions or as stated.	iated with foodborne illness	Correct by (date)	Initial	
TWO THE COLUMN THE COL						
~ .						
Code Reference Core items relate to general sanitation, c standard operating procedures (SSOPs)	CORE ITE	tructures, equipment design, general m	naintenance or sanitation	Correct by (date)	Initial	
3-501, 13 Obs: ham thawi	1 -1 11	on shelf above 3	vat sink.	COS	737	
4-301.13 Obs: 3 vat 8	ink block	ed from us	irg.	9-9-24	OK	
3-305.11 Obs: Dags to p	not needed f	Hing on Moor.	Mintry acres	(D5	7	
5-203.13 Obs., mop sink		due to boxes of	bredek.	9-9-24	OK	
4-601.11C Obs: outside of a	1	et with clean o	tishes	cos	BH	
divty on the out	side Volun	tarily thrown	lway	- 3		
Rinda Will has I	EDUCATION PROV	IDED OR COMMENTS		01 D	1.1/	
Person in Charge /Title:	will need	foothandle	Date: 9-	10 20	250	
Inspector: EPHS II MO 580-1814 (11-14)	Telephone No	-3106 1160	Follow-up: Follow-up Date:) Yes [No E6.37A	