



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

TIME IN: 11:04A TIME OUT: 12:15p
PAGE 1 of 2

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: Treasured Smoke LLC OWNER: Sherry Hillebert PERSON IN CHARGE: Sherry Hillebert
 ADDRESS: 2869 Hwy FF COUNTY: Dent
 CITY/ZIP: Salem 65560 PHONE: 573-247-3240 FAX: _____ P.H. PRIORITY: H M L
 ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD
 PURPOSE
 Pre-opening Routine Follow-up Complaint Other
 FROZEN DESSERT Approved Disapproved Not Applicable License No. _____
 SEWAGE DISPOSAL PUBLIC PRIVATE
 WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled _____ Results: good

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		
		Employee Health				IN	OUT	N/O	N/A		
IN	OUT	Management awareness; policy present				IN	OUT	N/O	N/A		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/O	N/A		
		Good Hygienic Practices				IN	OUT	N/O	N/A		
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT	N/O	N/A		
IN	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O	N/A		
		Preventing Contamination by Hands				IN	OUT	N/A			
IN	OUT	N/O	Hands clean and properly washed					Consumer Advisory			
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		
		Approved Source				IN	OUT	N/A			
IN	OUT		Food obtained from approved source			IN	OUT				
IN	OUT	N/O	Food received at proper temperature			IN	OUT				
IN	OUT		Food in good condition, safe and unadulterated			IN	OUT	N/A			
IN	OUT	N/O	Required records available: shellstock tags, parasite destruction					Conformance with Approved Procedures			
		Protection from Contamination						Compliance with approved Specialized Process and HACCP plan			
IN	OUT	N/A	Food separated and protected			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					
IN	OUT	N/A	Food-contact surfaces cleaned & sanitized								
IN	OUT	N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food								

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: Sherry Hillebert Date: 7-15-19
 Inspector: Shirley Jones EPHS II Telephone No. 781-3106235 EPHS No. 1163
 Follow-up: Yes No
 Follow-up Date: 8-2-19

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

INSPECTION NUMBER: _____
DATE OF INSPECTION: _____

NO.	DESCRIPTION OF VIOLATION	DATE	INITIALS	REMARKS
1	Handwashing facilities not properly maintained.	10/15/2010	J. Smith	Handwashing station in back kitchen area. No soap provided.
2	Food storage areas not properly labeled.	10/15/2010	J. Smith	Freezer storage area. Labels missing for several items.
3	Sanitation of food contact surfaces.	10/15/2010	J. Smith	Preparation area. Sinks not cleaned properly.
4	Employee health and hygiene.	10/15/2010	J. Smith	Employee working while ill. No report filed.
5	Food safety training records.	10/15/2010	J. Smith	No records for employee training.
6	Food safety plan.	10/15/2010	J. Smith	No written food safety plan.
7	Food safety posters.	10/15/2010	J. Smith	Required posters missing from kitchen.
8	Food safety signs.	10/15/2010	J. Smith	No signs for allergen information.
9	Food safety procedures.	10/15/2010	J. Smith	No written procedures for food handling.
10	Food safety training.	10/15/2010	J. Smith	No training for new employees.
11	Food safety records.	10/15/2010	J. Smith	No records for food safety.
12	Food safety signs.	10/15/2010	J. Smith	No signs for food safety.
13	Food safety procedures.	10/15/2010	J. Smith	No written procedures for food safety.
14	Food safety training.	10/15/2010	J. Smith	No training for food safety.
15	Food safety records.	10/15/2010	J. Smith	No records for food safety.
16	Food safety signs.	10/15/2010	J. Smith	No signs for food safety.
17	Food safety procedures.	10/15/2010	J. Smith	No written procedures for food safety.
18	Food safety training.	10/15/2010	J. Smith	No training for food safety.
19	Food safety records.	10/15/2010	J. Smith	No records for food safety.
20	Food safety signs.	10/15/2010	J. Smith	No signs for food safety.

Inspector: J. Smith
Date: 10/15/2010
Signature: _____
Title: _____



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TIME IN 11:00A	TIME OUT 11:25A
PAGE 1 of 1	

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ADDRESS: 2869 Hwy FF				COUNTY: Dent	
CITY/ZIP: Salem 65560		PHONE: 573-247-3240	FAX:		P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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 type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> TAVERN	<input checked="" type="checkbox"/> MOBILE VENDORS
PURPOSE					
<input type="checkbox"/> Pre-opening	<input type="checkbox"/> Routine	<input checked="" type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other	
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		<input type="checkbox"/> PUBLIC		<input type="checkbox"/> COMMUNITY	
License No. _____		<input checked="" type="checkbox"/> PRIVATE		<input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE	
				Date Sampled _____ Results _____	

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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		
		Employee Health				IN	OUT	N/O	N/A	Proper cooking, time and temperature	
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/A		Proper hot holding temperatures	
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT	N/O	N/A	Proper cold holding temperatures	
IN	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O	N/A	Proper date marking and disposition	
		Preventing Contamination by Hands				IN	OUT	N/O	N/A	Time as a public health control (procedures / records)	
IN	OUT	N/O	Hands clean and properly washed			IN	OUT	N/A		Consumer Advisory	
IN	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed							Consumer advisory provided for raw or undercooked food	
IN	OUT		Adequate handwashing facilities supplied & accessible			IN	OUT	N/O	N/A	Highly Susceptible Populations	
		Approved Source				IN	OUT	N/A		Pasteurized foods used, prohibited foods not offered	
IN	OUT		Food obtained from approved source			IN	OUT	N/A		Chemical	
IN	OUT	N/O	N/A	Food received at proper temperature		IN	OUT			Food additives: approved and properly used	
IN	OUT		Food in good condition, safe and unadulterated			IN	OUT			Toxic substances properly identified, stored and used	
IN	OUT	N/O	N/A	Required records available: shellstock tags, parasite destruction		IN	OUT	N/A		Conformance with Approved Procedures	
		Protection from Contamination								Compliance with approved Specialized Process and HACCP plan	
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		Food Temperature Control						Single-use/single-service articles: properly stored, used			
		Adequate equipment for temperature control						Gloves used properly			
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		Thermometers provided and accurate						Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
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		Fruits and vegetables washed before use						Garbage/refuse properly disposed; facilities maintained			
								Physical facilities installed, maintained, and clean			

Person in Charge/Title: Sherry Hillebert		Date: 7-30-19	
Inspector: Dana Jones EPHS II	Telephone No. 781-3106x235	EPHS No. 1163	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:	