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

TIME IN: 10:15 A  TIME OUT: 10:30 A
PAGE 1 of 1

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: Salem Livestock Restaurant  
OWNER: Allen + Judy Thompson  
PERSON IN CHARGE: Emily Inman

ADDRESS: P.O. Box 1252 Hwy 32 West  
COUNTY: Dent

CITY/ZIP: Salem 65560  
PHONE: 729-8880  
FAX:  
P.H. PRIORITY: ☒ H ☐ M ☐ L

**ESTABLISHMENT TYPE**
- ☐ BAKERY
- ☒ RESTAURANT
- ☐ C. STORE
- ☐ SCHOOL
- ☐ CATERER
- ☐ SENIOR CENTER
- ☐ DELI
- ☐ TEMP. FOOD
- ☐ GROCERY STORE
- ☐ TAVERN
- ☐ INSTITUTION
- ☐ MOBILE VENDORS

**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 _____

## 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 | | COS | R | Compliance | | COS | R |
|---|---|---|---|---|---|---|---|
| **Demonstration of Knowledge** | | | | **Potentially Hazardous Foods** | | | |
| (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 | | COS | R | IN | OUT | | COS | R |
|---|---|---|---|---|---|---|---|---|---|
| | | **Safe Food and Water** | | | | | **Proper Use of Utensils** | | |
| | | 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: Emily Inman  
Date: 7-7-2025

Inspector: Emma Jones EPHSII  
Telephone No. 729-3106 X106  
EPHS No. 1168  
Follow-up: ☐ Yes ☒ No  
Follow-up Date: _____