



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

TIME IN 8:40A	TIME OUT
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: South Side Kitchen LLC	OWNER: John T. Harrison	PERSON IN CHARGE: J. T. Harrison
ADDRESS: 1501 S. Main Street	COUNTY: Dent	
CITY/ZIP: Salem 65560	PHONE: 453-8903	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 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		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 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	Proper cooking, time and temperature		
		Employee Health					Proper reheating procedures for hot holding		
IN	OUT	Management awareness; policy present			IN	OUT	Proper cooling time and temperatures		
IN	OUT	Proper use of reporting, restriction and exclusion			IN	OUT	Proper hot holding temperatures		
		Good Hygienic Practices					Proper cold holding temperatures		
IN	OUT	Proper eating, tasting, drinking or tobacco use			IN	OUT	Proper date marking and disposition		
IN	OUT	No discharge from eyes, nose and mouth			IN	OUT	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands					Consumer Advisory		
IN	OUT	Hands clean and properly washed			IN	OUT	Consumer advisory provided for raw or undercooked food		
		Approved Source					Highly Susceptible Populations		
IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	OUT	Pasteurized foods used, prohibited foods not offered		
IN	OUT	Adequate handwashing facilities supplied & accessible			IN	OUT	Chemical		
IN	OUT	Food obtained from approved source			IN	OUT	Food additives: approved and properly used		
IN	OUT	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	Required records available: shellstock tags, parasite destruction			IN	OUT	Compliance with approved Specialized Process and HACCP plan		
		Protection from Contamination					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	Food separated and protected							
IN	OUT	Food-contact surfaces cleaned & sanitized							
IN	OUT	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: John T. Harrison	Date: 11-3-2025
Inspector: Dina Jones EPHS II	Telephone No. 724-3106 x106
EPHS No. 1162	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: