



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

TIME IN 11:28 AM	TIME OUT 12:35 pm
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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: Salem Senior Center	OWNER: LMAAA	PERSON IN CHARGE: Lenny Plank
ADDRESS: 604 McGrath Lane	CITY/ZIP: Salem 65560	COUNTY: Dent
PHONE: 724-2373	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input 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 checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
PURPOSE <input 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			IN	OUT	N/O	N/A
Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature			
Employee Health				IN	OUT	N/O	N/A
IN	OUT			IN	OUT	N/O	N/A
Management awareness; policy present				Proper reheating procedures for hot holding			
IN	OUT			IN	OUT	N/O	N/A
Proper use of reporting, restriction and exclusion				Proper cooling time and temperatures			
Good Hygienic Practices				IN	OUT	N/O	N/A
IN	OUT			IN	OUT	N/O	N/A
Proper eating, tasting, drinking or tobacco use				Proper hot holding temperatures			
IN	OUT	N/O		IN	OUT	N/O	N/A
No discharge from eyes, nose and mouth				IN	OUT	N/O	N/A
IN	OUT	N/O		IN	OUT	N/O	N/A
Preventing Contamination by Hands				Proper cold holding temperatures			
IN	OUT	N/O		IN	OUT	N/O	N/A
Hands clean and properly washed				Proper date marking and disposition			
IN	OUT	N/O		IN	OUT	N/O	N/A
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)			
IN	OUT			Consumer Advisory			
IN	OUT			IN	OUT	N/A	
Adequate handwashing facilities supplied & accessible				Consumer advisory provided for raw or undercooked food			
Approved Source				Highly Susceptible Populations			
IN	OUT			IN	OUT	N/O	N/A
Food obtained from approved source				Pasteurized foods used, prohibited foods not offered			
IN	OUT	N/O	N/A	Chemical			
Food received at proper temperature				IN	OUT	N/A	
IN	OUT			IN	OUT		
Food in good condition, safe and unadulterated				Food additives: approved and properly used			
IN	OUT	N/O	N/A	IN	OUT		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored and used			
Protection from Contamination				Conformance with Approved Procedures			
IN	OUT	N/A		IN	OUT	N/A	
Food separated and protected				Compliance with approved Specialized Process and HACCP plan			
IN	OUT	N/A		The letter to the left of each item indicates that item's status at the time of the inspection.			
IN	OUT	N/A		IN = in compliance OUT = not in compliance			
IN	OUT	N/O		N/A = not applicable N/O = not observed			
IN	OUT	N/O		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: Lenny Plank Head cook	Date: 06/03/2026
Inspector: Roderson Altes	Telephone No. 513-129-3106
EPHS No. 20912001	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:

