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

| TIME IN | TIME OUT |
|---|---|
| 11:00am | 11:51am |

PAGE 1 of 2

Temp Rite 8769 Emp: Empleado Date: Fecha 180°F / 82°C 170°F / 77°C 160°F / 71°C PASS WHEN BLUE BAR TURNS TO MATCH COLOR Pase cuando gire la barra azul para igualar el color

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: | OWNER: | PERSON IN CHARGE: |
|---|---|---|
| Salem R-80 Lower Elem. | Salem R-80 School Board | Cinsty Harris |
| ADDRESS: 101 N. Main | | COUNTY: Dent |
| CITY/ZIP: Salem 65560 | PHONE: 729-6611 | FAX: P.H. PRIORITY : ☒ H ☐ M ☐ L |

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

PURPOSE
☐ Pre-opening ☒ Routine ☐ Follow-up ☐ Complaint ☐ Other

| FROZEN DESSERT | SEWAGE DISPOSAL | WATER SUPPLY |
|---|---|---|
| ☐ Approved ☐ Disapproved ☒ Not Applicable License No. _____ | ☐ PUBLIC ☐ PRIVATE | ☒ 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 | Demonstration of Knowledge | COS | R |
|---|---|---|---|
| IN OUT | Person in charge present, demonstrates knowledge, and performs duties | | |
| | **Employee Health** | | |
| IN OUT | Management awareness; policy present | | |
| IN OUT | Proper use of reporting, restriction and exclusion | | |
| | **Good Hygienic Practices** | | |
| IN OUT N/O | Proper eating, tasting, drinking or tobacco use | | |
| IN OUT N/O | No discharge from eyes, nose and mouth | | |
| | **Preventing Contamination by Hands** | | |
| IN OUT N/O | Hands clean and properly washed | | |
| IN OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | |
| IN OUT | Adequate handwashing facilities supplied & accessible | | |
| | **Approved Source** | | |
| IN OUT | Food obtained from approved source | | |
| IN OUT N/O N/A | Food received at proper temperature | | |
| IN OUT | Food in good condition, safe and unadulterated | | |
| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction | | |
| | **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 | | |

| Compliance | Potentially Hazardous Foods | COS | R |
|---|---|---|---|
| IN OUT N/O N/A | Proper cooking, time and temperature | | |
| IN OUT N/O N/A | Proper reheating procedures for hot holding | | |
| IN OUT N/O N/A | Proper cooling time and temperatures | | |
| IN OUT N/O N/A | Proper hot holding temperatures | | |
| IN OUT N/A | Proper cold holding temperatures | | |
| IN OUT N/O N/A | Proper date marking and disposition | | |
| IN OUT N/O N/A | Time as a public health control (procedures / records) | | |
| | **Consumer Advisory** | | |
| IN OUT N/A | Consumer advisory provided for raw or undercooked food | | |
| | **Highly Susceptible Populations** | | |
| IN OUT N/O N/A | Pasteurized foods used, prohibited foods not offered | | |
| | **Chemical** | | |
| IN OUT N/A | Food additives: approved and properly used | | |
| IN OUT | Toxic substances properly identified, stored and used | | |
| | **Conformance with Approved Procedures** | | |
| IN OUT N/A | Compliance with approved Specialized Process and HACCP plan | | |

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 | Safe Food and Water | COS | R |
|---|---|---|---|---|
| ✓ | | Pasteurized eggs used where required | | |
| ✓ | | Water and ice from approved source | | |
| | | **Food Temperature Control** | | |
| ✓ | | Adequate equipment for temperature control | | |
| ✓ | | Approved thawing methods used | | |
| ✓ | | Thermometers provided and accurate | | |
| | | **Food Identification** | | |
| ✓ | | Food properly labeled; original container | | |
| | | **Prevention of Food Contamination** | | |
| ✓ | | Insects, rodents, and animals not present | | |
| ✓ | | Contamination prevented during food preparation, storage and display | | |
| ✓ | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | |
| ✓ | | Wiping cloths: properly used and stored | | |
| ✓ | | Fruits and vegetables washed before use | | |

| IN | OUT | Proper Use of Utensils | COS | R |
|---|---|---|---|---|
| ✓ | | In-use utensils: properly stored | | |
| ✓ | | Utensils, equipment and linens: properly stored, dried, handled | | |
| ✓ | | Single-use/single-service articles: properly stored, used | | |
| ✓ | | Gloves used properly | | |
| | | **Utensils, Equipment and Vending** | | |
| ✓ | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| ✓ | | Warewashing facilities: installed, maintained, used; test strips used | | |
| ✓ | | Nonfood-contact surfaces clean | | |
| | | **Physical Facilities** | | |
| ✓ | | Hot and cold water available; adequate pressure | | |
| ✓ | | Plumbing installed; proper backflow devices | | |
| ✓ | | Sewage and wastewater properly disposed | | |
| ✓ | | Toilet facilities: properly constructed, supplied, cleaned | | |
| ✓ | | Garbage/refuse properly disposed; facilities maintained | | |
| | ✓ | Physical facilities installed, maintained, and clean | | |

| Person in Charge /Title: Cinsty Harris DNS | | | Date: 11-09-2026 |
|---|---|---|---|
| Inspector: Regina Thoe | Telephone No. 573-729-2106 x133 | EPHS No. 2002 | Follow-up: ☐ Yes ☐ No Follow-up Date: |

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**FOOD ESTABLISHMENT INSPECTION REPORT**

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|---|---|
| 11:00AM | 11:31 AM |

PAGE 2 of 2

| ESTABLISHMENT NAME | ADDRESS | CITY | ZIP |
|---|---|---|---|
| Salem R-80 Lower Elem. | 101 N. Main | Salem | 65560 |

| FOOD PRODUCT/LOCATION | TEMP. | FOOD PRODUCT/ LOCATION | TEMP. |
|---|---|---|---|
| Mayonnaise / cooler | 41° | Hotdog / oven | 160° |
| Cheddar Cheese / Cooler | 41° | | |
| Broccoli / walk in freezer | 33° | | |
| Broccoli / Serving line | 145° | | |
| | | | |

| Code Reference | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. **These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.** | Correct by (date) | Initial |
|---|---|---|---|
| 3-501.11 | obs: Ice buildup on top of food cardboard boxes in the walk in cooler. | 09-12 | CH |
| 2-102.11 | food handler certificaton and training needed for person in charge. | 09-12 | CH |

| Code Reference | CORE ITEMS<br>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.** | Correct by (date) | Initial |
|---|---|---|---|
| 4-501.11 | obs: Ice buildup from dipping pipes in the walking freezer. | 12-7 | CH |

EDUCATION PROVIDED OR COMMENTS

| Person in Charge /Title: | | | Date: 11-09-2025 |
|---|---|---|---|
| Inspector: Tatyana Thapa / EPHS | Telephone No. 573-729-3161 X133 | EPHS No. 2002 | Follow-up: ☐ Yes ☐ No<br>Follow-up Date: |

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