



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

TIME IN: 9:30  
 TIME OUT:  
 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: <i>Clayton Public Schools</i>	OWNER: <i>Clayton Public Schools</i>	PERSON IN CHARGE: <i>Dawn Smart</i>
ADDRESS: <i>Hwy 162</i>		COUNTY: <i>069</i>
CITY/ZIP: <i>Clayton, MO 63837</i>	PHONE: <i>573-448-3712</i>	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 type="checkbox"/> RESTAURANT <input checked="" 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 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	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
	Employee Health			IN	Proper reheating procedures for hot holding		
IN	Management awareness; policy present			IN	Proper cooling time and temperatures		
IN	Proper use of reporting, restriction and exclusion			IN	Proper hot holding temperatures		
	Good Hygienic Practices			IN	Proper cold holding temperatures		
IN	Proper eating, tasting, drinking or tobacco use			IN	Proper date marking and disposition		
IN	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			IN	Consumer Advisory		
IN	Hands clean and properly washed			IN	Consumer advisory provided for raw or undercooked food		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN	Food obtained from approved source			IN	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used		
IN	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN	Required records available: shellstock tags, parasite destruction			IN	Compliance with approved Specialized Process and HACCP plan		
IN	Food separated and protected						
IN	Food-contact surfaces cleaned & sanitized		X				
IN	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	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: <i>Dawn Smart</i>	Date: <i>12-14-18</i>
Inspector: <i>Chapin</i>	Telephone No.: <i>573-448-3712</i>
EPHS No.: <i>1647</i>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date:





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ESTABLISHMENT NAME <i>Clarkston Public School</i>		ADDRESS <i>Hwy 162</i>		CITY <i>Clouton</i>	ZIP <i>63837</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Milk Cooler</i>		<i>40°</i>			
<i>Holbairt 3 Door</i>		<i>40°</i>			
<i>Walk in Cooler</i>		<i>40°</i>			
<i>Freezer</i>		<i>12°</i>			

Code Reference	PRIORITY ITEMS 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
<i>3-101.11</i>	<i>43 dented #10 cans in storage area. dented cans need to be removed and discarded</i>	<i>COS</i>	<i>D.S.</i>
<i>4-601.11A</i>	<i>Vent hood dirty, flaking paint and no filter - cannot have any flaking paint or debris that can potentially contaminate food.</i>	<i>NRI</i>	<i>D.S.</i>
<i>4-601.11A</i>	<i>#10 CAN opener blade &amp; housing (food encrusted) - Repair or Replace - Can Opener must be cleaned daily when used.</i>	<i>COS in process</i>	<i>D.S.</i>
<i>Report: 4-601.11A</i>	<i>Pink substance found on handle of Ice Maker and behind hinge of door, also dirty - Clean &amp; sanitize handle &amp; Ice maker.</i>	<i>12/19/18</i>	<i>D.S.</i>
<i>4-601.11A</i>	<i>Stand up Air Fryer has lots of Food &amp; debris residue build up. - Clean to sight &amp; touch</i>	<i>12/19/18</i>	<i>D.S.</i>

Code Reference	CORE ITEMS 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
<i>4-601.11C</i>	<i>Floors behind all equipment soiled with food &amp; debris - Floors must be maintained clean</i>	<i>NRI</i>	<i>D.S.</i>
<i>4-601.11C</i>	<i>Walk in cooler fan guards have build up - Clean &amp; sanitize</i>	<i>NRI</i>	<i>D.S.</i>
<i>3-505.11</i>	<i>Freezer full of food stack on floor - all goods must be 6 inches off of floor.</i>	<i>NRI</i>	<i>D.S.</i>
<i>4-101.11</i>	<i>Sugar in New Food Grade Container - must be stored in original packaging or in food grade container</i>	<i>NRI</i>	<i>D.S.</i>

**Temp-Rite**  
Date: \_\_\_\_\_  
Facts: \_\_\_\_\_  
Emp: \_\_\_\_\_  
Empleado: \_\_\_\_\_  
PASS WHEN BLUE BAR TURNS ORANGE  
ES ACEPTABLE CUANDO LA BARRA AZUL CAMBIA A COLOR NARANJA  
160°F/71°C

<i>Top door seals on milk cooler - Repair or Replace</i>	<i>NRI</i>	<i>D.S.</i>
<i>Sagging, crack or missing ceiling tiles Repair or replace to prevent cross contamination</i>	<i>NRI</i>	<i>D.S.</i>

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: *PTem Sma* Date: *12-14-18*  
Inspector: *Clayton D R* Telephone No: *572-888-9008* EPHS No: *1647*  
Follow-up:  Yes  No  
Follow-up Date: *12-19-18*