



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

TIME IN 930 TIME OUT 1200
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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: KENNETT NUTRITION CENTER		OWNER: SEMO AREA AGENCY OF AGING		PERSON IN CHARGE: MARY EMERY	
ADDRESS: 900 KENNETT STREET				COUNTY: 069	
CITY/ZIP: KENNETT, MO 63857		PHONE: 573-888-9852	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 type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> TAVERN	<input type="checkbox"/> TEMP. FOOD
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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. NA				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
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	<input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
		Employee Health				IN	OUT	<input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				IN	OUT	<input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/>	OUT	N/O N/A	Proper hot holding temperatures		
		Good Hygienic Practices				<input checked="" type="checkbox"/>	OUT	N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT	N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands				IN	OUT	<input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/>	OUT	N/O	Hands clean and properly washed			IN	OUT	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Highly Susceptible Populations		
<input checked="" type="checkbox"/>	OUT		Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	N/O N/A	Pasteurized foods used, prohibited foods not offered		
		Approved Source							Chemical		
<input checked="" type="checkbox"/>	OUT		Food obtained from approved source			<input checked="" type="checkbox"/>	OUT	N/A	Food additives: approved and properly used		
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT		Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT		Food in good condition, safe and unadulterated						Conformance with Approved Procedures		
IN	OUT	N/O	<input checked="" type="checkbox"/>			IN	OUT	<input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
		Protection from Contamination									
<input checked="" type="checkbox"/>	OUT	N/A	Food separated and protected								
<input checked="" type="checkbox"/>	OUT	N/A	Food-contact surfaces cleaned & sanitized								
IN	OUT	<input checked="" type="checkbox"/>	N/A								
<input checked="" type="checkbox"/>	OUT		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

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
<input checked="" type="checkbox"/>		Pasteurized eggs used where required				<input checked="" type="checkbox"/>		In-use utensils: properly stored			
<input checked="" type="checkbox"/>		Water and ice from approved source				<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled			
		Food Temperature Control				<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>		Adequate equipment for temperature control				<input checked="" type="checkbox"/>		Gloves used properly			
<input checked="" type="checkbox"/>		Approved thawing methods used						Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>		Thermometers provided and accurate				<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification				<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>		Food properly labeled; original container				<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean			
		Prevention of Food Contamination						Physical Facilities			
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored					<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use					<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			
						<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			

Person in Charge / Title: **MARY EMERY** *Laura Jod* Date: **09/30/2019**

Inspector: *Chapman* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No

Follow-up Date: _____



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ESTABLISHMENT NAME: **KENNETT NUTRITION CENTER** ADDRESS: **900 KENNETT STREET** CITY/ZIP: **KENNETT, MO 63857**

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Corn/SERVE LINE	138	FRIGIDARE LEFT FREEZER	10
Taco Meat	137	FRIGIDARE RIGHT FREEZER	7
WALK IN COOLER	34	Walk in Freezer	36
MILK/FRONT SERVING LINE	40		
REAR DAIRY COOLER	34		

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
5-403.11	Mop water being dumped outside, must be disposed of in a approved service sink		EMM + YH

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
4-501.11	Freezer Door Seals broke and have a black residue on them, repair or replace		NRI x JSC
3-305.11	Boxes of food on floor in walk in freezer and cooler, must be maintained at least 6 inches off the floor	NRI	x JSC
6-202.15	Repeat: Rear dry storage door has visible daylight, repair or replace	NRI	x JSC
6-601.11	Repeat: LATCH ON FREEZER NOT LOCKING PROPERLY, USING SCREW DRIVER TO LOCK, MUST MAINTAIN REPAIR	NRI	x JSC
3-304.14	Multiple Rags laying on counter, must be stored in sanitizer solution	NRI	

COS CORRECTED ONSITE
NRI NEXT ROUTINE INSPECTION



EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: **MARY EMERY** *Laura* Date: **09/30/2019**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: