



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

TIME IN 900 TIME OUT 1030
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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: **Malden Elementary School** OWNER: **Malden Public School** PERSON IN CHARGE: **Karla Foster**
ADDRESS: **1104 N Douglass** COUNTY: **Dunklin**
CITY/ZIP: **Malden, MO 63863** PHONE: **573-276-5791** FAX: P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY RESTAURANT C. STORE SCHOOL CATERER SENIOR CENTER DELI SUMMER F.P. GROCERY STORE TAVERN INSTITUTION TEMP. FOOD MOBILE VENDORS

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT Approved Disapproved SEWAGE DISPOSAL PUBLIC PRIVATE WATER SUPPLY COMMUNITY NON-COMMUNITY 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	Element	Element Description	COS	R	Compliance	Element	Element Description	COS	R
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties			IN	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Employee Health: Management awareness; policy present			IN	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Good Hygiene Practices: Proper eating, testing, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	No discharge from eyes, nose and mouth			IN	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Hands clean and properly washed			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source			<input checked="" type="checkbox"/>	OUT	N/A		
IN	OUT	N/A			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	OUT	N/A		
IN	OUT	N/A			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Food separated and protected							
<input checked="" type="checkbox"/>	OUT	Food-contact surfaces cleaned & sanitized							
IN	OUT	N/A							

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

Person in Charge / Title: **Karla Foster** *Karla Foster* Date: **10/01/2020**
Inspector: *Cheryl Hill* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____

