



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

TIME IN 1045 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: Malden Highschool		OWNER: Malden Public Schools		PERSON IN CHARGE: Pam Skinner	
ADDRESS: 600 W Burkhardt Road				COUNTY: 069	
CITY/ZIP: Malden, MO 63863		PHONE:		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"/> MOBILE VENDORS <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 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		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	
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			<input checked="" type="checkbox"/>	OUT N/O N/A		
Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature			
<input checked="" type="checkbox"/>	OUT			IN	OUT N/O N/A		
Employee Health				Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT			IN	OUT N/O N/A		
Management awareness; policy present				Proper cooling time and temperatures			
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper use of reporting, restriction and exclusion				Proper hot holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/A		
Good Hygienic Practices				Proper cold holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper eating, tasting, drinking or tobacco use				Proper date marking and disposition			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT N/O N/A		
No discharge from eyes, nose and mouth				Time as a public health control (procedures / records)			
<input checked="" type="checkbox"/>	OUT	N/O					
Preventing Contamination by Hands				Consumer Advisory			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT N/A		
Hands clean and properly washed				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			<input checked="" type="checkbox"/>	OUT N/O N/A		
Adequate handwashing facilities supplied & accessible				Pasteurized foods used, prohibited foods not offered			
<input checked="" type="checkbox"/>	OUT						
Approved Source				Chemicals			
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
Food obtained from approved source				Food additives: approved and properly used			
IN	OUT	N/A		<input checked="" type="checkbox"/>	OUT		
Food received at proper temperature				Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/>	OUT						
Food in good condition, safe and unadulterated				Compliance with Approved Process and HACCP plan			
IN	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/A		
Required records available: shellstock tags, parasite destruction							
<input checked="" type="checkbox"/>	OUT	N/A					
Food separated and protected				The letter to the left of each item indicates that item's status at the time of the inspection.			
<input checked="" type="checkbox"/>	OUT	N/A					
Food-contact surfaces cleaned & sanitized				IN = in compliance			
IN	OUT	N/A					
Proper disposition of returned, previously served, reconditioned, and unsafe food				OUT = not in compliance			
				N/A = not applicable			

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

Person in Charge / Title: **Pam Skinner** Date: **10/01/2020**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____

