



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

TIME IN 900 TIME OUT 1030
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: 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: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L | |
| ESTABLISHMENT TYPE | | | | | |
| <input type="checkbox"/> BAKERY | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> C. STORE SCHOOL | <input type="checkbox"/> CATERER SENIOR CENTER | <input type="checkbox"/> DELI SUMMER F.P. | <input type="checkbox"/> GROCERY STORE TAVERN |
| <input type="checkbox"/> INSTITUTION | <input type="checkbox"/> TEMP. FOOD | <input type="checkbox"/> MOBILE VENDORS | | | |
| 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 |
| License No. <u>NA</u> | | | | 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 <input type="checkbox"/> N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT | No discharge from eyes, nose and mouth | | | IN OUT <input type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT | Hands clean and properly washed | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | |
| IN | Adequate handwashing facilities supplied & accessible | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered | | |
| | Approved Source | | | | Chemicals | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food additives: approved and properly used | | |
| IN | Food received at proper temperature | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Compliance with Approved Procedures | | |
| IN | Required records available: shellstock tags, parasite destruction | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | Preclude Cross Contamination | | | | | | |
| <input checked="" type="checkbox"/> OUT | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> OUT | Food-contact surfaces cleaned & sanitized | | | | | | |
| IN | Proper disposition of returned, previously served, reconditioned, and unsafe food | <input checked="" type="checkbox"/> | | | | | |

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"/> | | 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: Karla Foster | | | Date: 01/14/2021 | | |
| Inspector: <i>Charles Drake</i> | | Telephone No. 573-888-9008 | EPHS No. 1647 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | Follow-up Date: _____ | |



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| | | | | | |
|--|--|----------------------------|------------------------|------------------------------|--------------|
| ESTABLISHMENT NAME Malden Elementary School | | ADDRESS 1104 N Douglass | | CITY/ZIP Malden, MO 63863 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Chicken noodle soup/Cooking | | 205 | Hoshizaki Cooler | | 37 |
| FWE Warmer | | 170 | Walk in Freezer | | -5 |
| Walk in Cooler | | 37 | | | |
| WinHolt Warmer | | 156 | | | |
| Bev Air Diary Cooler | | 39 | | | |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| | 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. | | |
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| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| | 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. | | |
| 6-301.12 | No paper towels at front and warewashing handsink | COS | KJF |
| 4-101.19 | Wooden pallets in walk in cooler, must be sealed in high moisture areas | CIP | KJF |
| 4-501.114 | Sanitizer in buckets for in place cleaning showing 0 parts per million | COS | KJF |
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| CIP | Correction in Progress | | |
| NRI | Next Routine Inspection | | |

EDUCATION PROVIDED OR COMMENTS:
 Management made me aware that dishwasher was not sanitizing properly, they were using 3 vat for sanitizing and work order was in place

Person in Charge / Title: Karla Foster *Karla Foster* Date: 01/14/2021
 Inspector: *Chapman* Telephone No. 573-888-9008 EPHS No. 1647 Follow-up: Yes No
 Follow-up Date: _____