



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

TIME IN 1000 TIME OUT 1200  
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:<br><b>CLARKTON PUBLIC SHCOOL</b>  |  | OWNER:<br><b>CLARKTON PUBLIC SCHOOL</b>  |      | PERSON IN CHARGE:<br><b>Dawn Smart</b>  |  |
| ADDRESS:<br><b>HWY 162</b>  |  |  |      | COUNTY:<br><b>069</b>   |  |
| CITY/ZIP:<br><b>CLARKTON, MO 63837</b>  |  | PHONE:<br><b>573-448-3712</b>  | FAX: | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L  |  |
| ESTABLISHMENT TYPE<br><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<br><input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD |  |  |      |   |  |
| PURPOSE<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |      | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |  |
| License No. NA  |  |  |      |   |  |

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                   |     |   |
|                                     | Employee Health   |     |     |                                     | Proper reheating procedures for hot holding            |     |   |
| <input checked="" type="checkbox"/> | OUT   |     |     |                                     | Proper cooling time and temperatures                   |     |   |
|                                     | Management awareness: policy present  |     |     |                                     | Proper hot holding temperatures                        |     |   |
| <input checked="" type="checkbox"/> | OUT   |     |     |                                     | Proper cold holding temperatures                       |     |   |
|                                     | Proper use of reporting, restriction and exclusion  |     |     |                                     | Proper date marking and disposition                    |     |   |
|                                     | Good Hygiene Practices  |     |     |                                     | Time as a public health control (procedures / records) |     |   |
| <input checked="" type="checkbox"/> | OUT   | N/O |     |                                     |  |     |   |
|                                     | Proper eating, tasting, drinking or tobacco use   |     |     |                                     |  |     |   |
| <input checked="" type="checkbox"/> | OUT   | N/O |     |                                     |  |     |   |
|                                     | No discharge from eyes, nose and mouth  |     |     |                                     |  |     |   |
|                                     | Preventing Contamination by Hands   |     |     |                                     |  |     |   |
| <input checked="" type="checkbox"/> | OUT   | N/O |     |                                     |  |     |   |
|                                     | Hands clean and properly washed   |     |     |                                     |  |     |   |
| <input checked="" type="checkbox"/> | OUT   | N/O |     |                                     |  |     |   |
|                                     | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |     |                                     |  |     |   |
| <input checked="" type="checkbox"/> | OUT   |     |     |                                     |  |     |   |
|                                     | Adequate handwashing facilities supplied & accessible                                       |     |     |                                     |  |     |   |
|                                     | Approved Source   |     |     |                                     |  |     |   |
| <input checked="" type="checkbox"/> | OUT   |     |     |                                     |  |     |   |
|                                     | Food obtained from approved source  |     |     |                                     |  |     |   |
| IN                                  | OUT   |     | N/A |                                     |  |     |   |
|                                     | Food received at proper temperature   |     |     |                                     |  |     |   |
| <input checked="" type="checkbox"/> | OUT   |     |     |                                     |  |     |   |
|                                     | Food in good condition, safe and unadulterated  |     |     |                                     |  |     |   |
| IN                                  | OUT   | N/O |     |                                     |  |     |   |
|                                     | Required records available: shellstock tags, parasite destruction                           |     |     |                                     |  |     |   |
|                                     | 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   |     |     |                                     |  |     |   |
|                                     | 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 |
|----|-----|---|-----|---|----|-----|---|-----|---|
| 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: clean and sanitized   |     |   |
| 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   |   | 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: **Dawn Smart** *Dawn Smart* Date: **10/08/2020** *04/29/2021*

Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_



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

TIME IN 1000    TIME OUT 1200  
 PAGE 2 of 2

|   |   |                               |                        |  |                   |         |
|---|---|-------------------------------|------------------------|--|-------------------|---------|
| ESTABLISHMENT NAME<br><b>CLARKTON PUBLIC SHCOOL</b>   |   | ADDRESS<br><b>HWY 162</b>     |                        | CITY / ZIP<br><b>CLARKTON, MO 63837</b>  |                   |         |
| FOOD PRODUCT/LOCATION   |   | TEMP. in ° F                  | FOOD PRODUCT/ LOCATION |  | TEMP. in ° F      |         |
| MILK COOLER   |   | 35                            |                        |  |                   |         |
| HOBART 3 DDOR   |   | 39                            |                        |  |                   |         |
| Dishwasher  |   | 172                           |                        |  |                   |         |
| WALK IN COOLER  |   | 39                            |                        |  |                   |         |
| Walk In Freezer   |   | -5                            | True 3 Door            |  | 37                |         |
| Code Reference  | <b>PRIORITY ITEMS</b><br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated. |                               |                        |  | Correct by (date) | Initial |
| 3-302.11A   | Ready to eat food in walk in cooler not covered, creating the potential for cross contamination   |                               |                        |  | COS               | h-c     |
| <b>CORE ITEMS</b><br>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. |   |                               |                        |  |                   |         |
| 6-501.11  | Repeat: Missing ceiling tile in dry storage room, maintain in good repair   |                               |                        |  | 10/29/2020        | P.S.    |
| <b>EDUCATION PROVIDED OR COMMENTS</b>   |   |                               |                        |  |                   |         |
| DISCUSSED WITH MANAGMENT (IF THERE IS ANY MODIFICATIONS TO 3VAT SINK AND AIR GAP MUST BE PLACED)  |   |                               |                        |  |                   |         |
| NRI= NEXT ROUTINE INSPCTION   |   |                               |                        |  |                   |         |
| Person in Charge /Title: <b>Dawn Smart</b> <i>Pam Smart</i>   |   |                               |                        | Date: <del>10/08/2020</del> <i>01/29/2021</i>                                  |                   |         |
| Inspector: <i>Clayton</i>   |   | Telephone No.<br>573-888-9008 |                        | EPHS No.<br>1647   |                   |         |
|   |   |                               |                        | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |         |
|   |   |                               |                        | Follow-up Date:  |                   |         |