



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

TIME IN 800 TIME OUT 930
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: **Catfish Wharf** OWNER: **Muath Quattom** PERSON IN CHARGE: **Neal Quattom**
 ADDRESS: **601 S By Pass** COUNTY: **069**
 CITY/ZIP: **Kennett, MO 63857** PHONE: **573-888-1998** FAX: _____ P.H. PRIORITY: H M L
 ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD
 PURPOSE
 Pre-opening Routine Follow-up Complaint Other
 FROZEN DESSERT Approved Disapproved SEWAGE DISPOSAL PUBLIC PRIVATE WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE
 License No. _____ 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	National Action 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		
<input checked="" type="checkbox"/> OUT	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			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, testing, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			IN OUT N/A <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Preventing Contamination by Hands			<input checked="" type="checkbox"/> OUT N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT 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			<input checked="" type="checkbox"/> OUT N/A	Highly Susceptible Populations		
IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Approved Source			<input checked="" type="checkbox"/> OUT N/A	Chemicals		
IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food obtained from approved source			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Conformance with Approved Procedures		
IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT	Protection from Contamination			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			
<input checked="" type="checkbox"/> OUT	Food separated and protected						
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized						
IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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		
X		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			X		Utensils: Construction and Use		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
X		Prevention of Food Contamination			X		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					X		Physical facilities installed, maintained, and clean		

Person in Charge /Title: **Neal Quattom** Date: **06/15/2020**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____



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ESTABLISHMENT NAME **Catfish Wharf** ADDRESS **601 S By Pass** CITY/ZIP **Kennett, MO 63857**

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Crosley	-10	Turbo air	37
Kenmore	-7	Prep Cooler	35
Fish Freezer	-8	True 3 Door	38
GE Fridge	33	OMCAN Cooler	38
Frigidaire	38	Ice Cream 22	

Code Reference	PRIORITY ITEMS	Correct by (date)	Initials
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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.

Code Reference	PRIORITY ITEMS	Correct by (date)	Initials

Code Reference	CORE ITEMS	Correct by (date)	Initials
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Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.

6-301.11	No soap at kitchen hand sink	CIP	Ne
6-301.12	No paper towels at kitchen hand sink	CIP	Ne
4-501.11	Freezer in kitchen seals torn and duct tape holding inside of roof together, repair or replace	CIP	Ne

CIP Corrected in progress

Approved for opening

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: **Neal Quattom** Date: **06/15/2020**

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

Follow-up Date: