



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

TIME IN **845** TIME OUT **1000**  
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: **Causbie's Bakery** OWNER: **Regina Causbie** PERSON IN CHARGE: **Regina Causbie**  
ADDRESS: **212 Kennett St** COUNTY: **069**  
CITY/ZIP: **Kennett, MO 63857** PHONE: **573-888-2010** 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  
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	CCS	R	Compliance	Potentially Hazardous Foods	CCS	R
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
					Proper cooking, time and temperature		
					Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT			<input type="checkbox"/>	IN OUT N/O N/A		
					Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT			<input type="checkbox"/>	IN OUT N/O N/A		
					Proper hot holding temperatures		
				<input checked="" type="checkbox"/>	OUT N/A		
					Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
					Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/O		<input type="checkbox"/>	IN OUT N/O N/A		
					Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	OUT	N/O		<input type="checkbox"/>	IN OUT N/A		
					Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	N/O					
					Highly Susceptible Populations		
<input type="checkbox"/>	IN			<input checked="" type="checkbox"/>	OUT N/O N/A		
					Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
					Food additives: approved and properly used		
<input type="checkbox"/>	IN	OUT	N/A	<input checked="" type="checkbox"/>	OUT		
					Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT						
					Compliance with Approved Procedures		
<input type="checkbox"/>	IN	OUT	N/O	<input checked="" type="checkbox"/>	IN OUT N/A		
					Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/>	OUT	N/A					
					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			IN = in compliance		
					OUT = not in compliance		
<input type="checkbox"/>	IN	OUT	N/A		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
<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		
					<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							
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>	X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
					<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		
<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: **Regina Causbie** *Regina Causbie* Date: **06/18/2020**  
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_



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PAGE 2	of 2

ESTABLISHMENT NAME <b>Causbie's Bakery</b>		ADDRESS <b>212 Kennett St</b>		CITY / ZIP <b>Kennett, MO 63857</b>	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Kitchen Refrigerator		39	Pooled Egg Whites		38
Koch		37	Pooled Whole Eggs		38
Walk in Cooler		37			
Walk in freezer		12			
Schaefer Cooler		37			

**PRIORITY ITEMS**  
 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	Description	Correct by (date)	Initial
5-204.11	No hand sink in kitchen area	CIP	RC

**CORE ITEMS**  
 Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOP's). These items are to be corrected by the next regular inspection or as stated.

Code Reference	Description	Correct by (date)	Initial
6-501.11	Shelving next to 3 bay sink chipping along with multiple work tables in kitchen, must be smooth easily cleanable and non absorbent	NRI	RC
6-201.13	Floors in kitchen not coved, dirt and debris build up in corner of floor and walls	NRI	RC
NRI	Next Routine Inspection		

**EDUCATION PROVIDED OR COMMENTS**

NRI= NEXT ROUTINE INSPECTION

Person in Charge /Title: <b>Regina Causbie</b> <i>Regina Causbie</i>	Date: <b>06/18/2020</b>
Inspector: <i>[Signature]</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. <b>573-888-9008</b>	Follow-up Date:
EPHS No. <b>1647</b>	