



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

TIME IN 10:45	TIME OUT 13:25
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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: <i>Kennett High School</i>	OWNER: <i>Kennett Public Schools</i>	PERSON IN CHARGE: <i>Tracy Wallace</i>
ADDRESS: <i>1400 W. Washington</i>		COUNTY: <i>069</i>
CITY/ZIP: <i>Kennett, MO 63857</i>	PHONE: <i>573-419-1120</i>	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"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 <input checked="" type="checkbox"/> Not Applicable License No. _____	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 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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		X
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	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 COS = Corrected On Site      R = Repeat Item			
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	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
		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					Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
		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		
	X	Prevention of Food Contamination					Physical Facilities		
		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: <i>Tracy Wallace</i>	Date: <i>11-27-18</i>
Inspector: <i>Debra Adams</i>	Telephone No. <i>888-7608</i>
EPHS No. <i>1126</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <i>11/30/18</i>





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ESTABLISHMENT NAME		ADDRESS		CITY		ZIP	
FOOD PRODUCT/LOCATION		TEMP.		FOOD PRODUCT/LOCATION		TEMP.	
Sliced tomatoes/cold bar		45°F		Sliced pears / cold bar fruit		53	
milk /milk cooler		41°F, 39°F		Burrito / hot holding		162	
Ambient Air (AA) /warmer		7200°F		AA / Walk-in cooler		34	
AA / pizza warmer		141°F		AA / 2-door cooler		40	
Code Reference		PRIORITY ITEMS				Correct by (date)	
		Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>				Initial	
3-202-15		Dented/damaged cans of sliced apples, pears, and peaches				11/27	
3-501.11(A)		Date marking food items with preparation date X COSX				11/27	
3-501.18(A)(3)		Sliced pepperoni in cooler dated 10/30, minced garlic stored in cooler dated 11/8				11/27	
4-601.11(A)		Deflector plate in ice machine maddy				11/27	
6-501.111(B)		Live roaches (multiple life stages) observed by 3-vat sink				11/30	
4-603.15(A)(1)		Dishes washed, sanitized, then rinsed X COSX				11/27	
3-501.16(A)(2)		Sliced tomatoes held at 45°F, sliced pears held at 53°F				11/27	
4-601.11(A)		Can opener blade soiled				11/27	
1-206.11		white insecticide powder applied in dry storage				11/27	
Code Reference		CORE ITEMS				Correct by (date)	
		Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>				Initial	
5-501.15		Dumpster lid missing				11/30	
4-903.11(B)(2)		Clean dishes must be stored inverted				11/30	
4-302.14		Impaper test strips				11/30	
6-304.11		mechanical ventilation not working in employee restroom				11/30	
EDUCATION PROVIDED OR COMMENTS							
Discussed clean utensil/dish storage 3-vat and food prep sinks directly drained							
Person in Charge /Title: Tracy Updegraff						Date: 11-27-18	
Inspector: Derek Honard		Telephone No. 888-9008		EPHS No. 11261		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 11/30/18	