



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

TIME IN 915 TIME OUT 1130  
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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: **HORNERSVILLE MIDDLE SCHOOL** OWNER: **HORNERSVILLE PUBLIC SCHOOL** PERSON IN CHARGE: **JOYCE WYRICK**  
 ADDRESS: **601 MAIN STREET** COUNTY: **069**  
 CITY/ZIP: **HORNERSVILLE, M MO 63** PHONE: **573-737-2456** 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. **NA** 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				<input checked="" type="checkbox"/>	OUT	N/A	Proper cooking, time and temperature		
Employee Health											
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				<input checked="" type="checkbox"/>	IN	OUT	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/>	IN	OUT	Proper cooling time and temperatures		
Good Hygienic Practices											
<input checked="" type="checkbox"/>	OUT	N/A	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT	N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/A	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/>	OUT	N/A	Proper cold holding temperatures		
Preventing Contamination by Hands											
<input checked="" type="checkbox"/>	OUT	N/A	Hands clean and properly washed			<input checked="" type="checkbox"/>	IN	OUT	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/>	IN	OUT	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	OUT		Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	N/A	Consumer Advisory		
Approved Source											
<input checked="" type="checkbox"/>	OUT		Food obtained from approved source			<input checked="" type="checkbox"/>	IN	OUT	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	IN	OUT	Food received at proper temperature			<input checked="" type="checkbox"/>	OUT	N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/>	OUT		Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	OUT	N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	IN	OUT	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/>	OUT	N/A	Chemical		
Protection from Contamination											
<input checked="" type="checkbox"/>	OUT	N/A	Food separated and protected			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"/>	IN	OUT	Food-contact surfaces cleaned & sanitized								
<input checked="" type="checkbox"/>	IN	OUT	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
<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"/>		Adequate equipment for temperature control				<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>		Approved thawing methods used				<input checked="" type="checkbox"/>		Gloves used properly			
<input checked="" type="checkbox"/>		Thermometers provided and accurate				Utensils, Equipment and Vending					
						<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
Food Identification											
<input checked="" type="checkbox"/>		Food properly labeled; original container				<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used			
Prevention of Food Contamination											
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				Physical Facilities					
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			
						<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned			
						<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained			
						<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			

Person in Charge / Title: **JOYCE WYRICK** Date: **04/23/2019**  
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
 Follow-up Date: **04/29/2019**

