



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

TIME IN 1330 TIME OUT 1620
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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: Dairy Queen		OWNER: Noah Five, Inc		PERSON IN CHARGE: Kathy Jeffress	
ADDRESS: 1403 First Street				COUNTY: 069	
CITY/ZIP: Kennett, MO 63857		PHONE: 573-888-3922	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE					
<input type="checkbox"/> BAKERY	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> C. STORE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> CATERER	<input type="checkbox"/> SENIOR CENTER
<input type="checkbox"/> DELI	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> TAVERN	<input type="checkbox"/> INSTITUTION	<input type="checkbox"/> TEMP. FOOD
<input type="checkbox"/> MOBILE VENDORS					
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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved	<input checked="" type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> PUBLIC	<input type="checkbox"/> PRIVATE	<input checked="" type="checkbox"/> COMMUNITY	<input type="checkbox"/> NON-COMMUNITY
<input type="checkbox"/> PRIVATE	Date Sampled _____ Results _____				
License No. _____					

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/O N/A	Proper cooking, time and temperature		
	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			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN <input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			IN <input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN <input checked="" type="checkbox"/> N/A	Food separated and protected						
IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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
<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"/>	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					Utensils, Equipment and Vending		
	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<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		
		Prevention of Food Contamination					Physical Facilities		
	<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: Kathy Jeffress			Date: 05/29/2019		
Inspector: <i>[Signature]</i>		Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				Follow-up Date: 06/12/2019	



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ESTABLISHMENT NAME Dairy Queen		ADDRESS 1403 First Street		CITY/ZIP Kennett, MO 63857	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk In Cooler		38	Ice Cream Prep Cooler		38
River King Prep Cooler/Tomatoes		47	Hamburger		186
River King Prep/Lettuce		46			
Chicken Strips		138			
French Fries		170			

Code Reference	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.	Correct by (date)	Initial
4-601.11A	Onion Slicer soiled with food and debris, clean and sanitize	06/01/2019	CK
3-501.17	Multiple ready to eat items through out coolers not dated, must be dated with 7 day discard date	06/01/2019	CK
4-601.11A	Vegetable slicer soiled with food and debris, clean and sanitize	06/01/2019	CK
6-501.111	Multiple life stages of roaches found in kitchen area, Must keep free of insects and rodents	06/01/2019	CK
3-101.11	2 # 10 cans badly dented, discarded (Shall not serve badly damaged can goods)	06/01/2019	CK
4-601.11	Vent cover missing above grill in kitchen with exposed insulation showing,	06/01/2019	CK
4-601.11A	Blizzard maker soiled with ice cream and debris, clean and sanitize more frequently if needed	06/01/2019	CK
7-201.11	Multiple cleaning agents above or next too single serve articles, must keep separated	06/01/2019	CK
4-601.11A	Vent hood above fryers soiled with grease, clean and sanitize	06/01/2019	CK
4-601.11A	Shelving holding lids soiled with syrup and debris, causing lids to be soiled, clean and sanitize	06/01/2019	CK
3-501.16B	Tomatoes and lettuce in prep cooler tempted at 46-47 degrees, all potentially hazardous foods held 41 degrees or below	06/01/2019	CK

Code Reference	CORE ITEMS 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.	Correct by (date)	Initial
6-501.11	Deli Prep Cooler top Lid hinges broken, repair or replace	06/12/2019	CK
3-305.11	Multiple items in walk in cooler on floor, must be at least 6 inches off the floor	06/12/2019	CK
4-601.11c	Walk in cooler floors soiled with food and debris, clean and sanitize	06/12/2019	CK
6-301.11	No Soap at hand sink in ice cream prep area	06/12/2019	CK
3-302.11A4	Cone dip sauce uncover, causing the potential for contamination, must keep covered	06/12/2019	CK
4-204.112	Multiple coolers missing thermometers, must have 1 working thermometer in each cooler	06/12/2019	CK
4-601.11C	Wheels and legs on all kitchen equipment have build up of food, grease and debris, clean and sanitize	06/12/2019	CK
4-601.11C	Multiple coolers soiled with food and debris, clean and sanitize	06/12/2019	CK
6-501.12	Walls behind ice cream makers and fountain units soiled with food and debris, clean and sanitize	06/12/2019	CK
6-202.15	Rear back door has visible daylight showing, must keep outer opening protected	06/12/2019	CK
6-501.16	Mops laying on floor, shall be hung and allowed to air dry	06/12/2019	CK
6-501.11	Multiple areas missing ceiling tiles or pieces, repair or replace	06/12/2019	CK
6-501.11a	Multiple pieces of equipment and utensils that are not be used, Maintain premises free of unnecessary items and litter	06/12/2019	CK
4-904.11	Single Serve articles if not protected from above shall be stored inverted	06/12/2019	CK
4-601.11C	Bins that hold packages of coffee, soiled with food and debris, clean and sanitize	06/12/2019	CK

EDUCATION PROVIDED OR COMMENTS

DISCUSSED WITH MANAGEMENT (IF THERE IS ANY MODIFICATIONS TO 3VAT SINK AND AIR GAP MUST BE PLACED)

NRI= NEXT ROUTINE INSPECTION

Person in Charge /Title: Kathy Jeffress	<i>Cathy Kirby</i>	Date: 05/29/2019
Inspector: <i>Cheryl D. ...</i>	Telephone No. 573-888-9008	EPHS No. 1647
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 06/12/2019