



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

TIME IN 900      TIME OUT 1030  
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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: **KENNETT NUTRITION CENTER**      OWNER: **SEMO AREA AGENCY OF AGING**      PERSON IN CHARGE: **Laura Ford**  
ADDRESS: **900 KENNETT STREET**      COUNTY: **069**  
CITY/ZIP: **KENNETT, MO 63857**      PHONE: **573-888-9852**      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	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			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Good Hygiene Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper sealing, testing, drinking or tobacco use			<input checked="" type="checkbox"/> OUT 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)		
<input checked="" type="checkbox"/> OUT N/O	Preventing Contamination by Hands			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT N/O N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/A	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			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> OUT	Compliance 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		
<input checked="" type="checkbox"/> 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			
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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 Uses 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		Adequate equipment for temperature control			X		Single-use/single-service articles: properly stored, used		
X		Approved thawing methods used			X		Gloves used properly		
X		Thermometers provided and accurate			X		Utensils: Cleaned and Sanitized		
X		Food properly labeled; original container			X	X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Insects, rodents, and animals not present			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Contamination prevented during food preparation, storage and display			X		Nonfood-contact surfaces clean		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Physical Facilities		
X		Wiping cloths: properly used and stored			X		Hot and cold water available; adequate pressure		
X		Fruits and vegetables washed before use			X		Plumbing installed; proper backflow devices		
X					X		Sewage and wastewater properly disposed		
X					X		Toilet facilities: properly constructed, supplied, cleaned		
X					X		Garbage/refuse properly disposed; facilities maintained		
X					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Laura Ford**      Date: **07/22/2020**  
Inspector: *[Signature]*      Telephone No. **573-888-9008**      EPHS No. **1647**      Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Spinach/SERVE LINE		136	FRIGIDARE LEFT FREEZER		9
White Bean Soup		140	FRIGIDARE RIGHT FREEZER		6
WALK IN COOLER		36	Walk in Freezer		8
MILK/FRONT SERVING LINE		39			
REAR DAIRY COOLER		37			
<b>PRIORITY ITEMS</b>					
Code Reference	Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with food or service or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.				Correct by (date)
4-703.11	Mechanical Dishwasher temp at 145 degrees, rinse temp shall reach 180 in order for dishes and utensils to reach optimal sanitizing temp of 165 degrees, Must use three compartment sink until mechanical dishwasher has been fixed				7/25/2020
<b>CORE ITEMS</b>					
Code Reference	Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation or standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.				Correct by (date)
4-501.11	Repeat: Freezer Door Seals broke and have a black residue on them, repair or replace				NRI
6-601.11	Repeat: LATCH ON FREEZER NOT LOCKING PROPERLY, USING SCREW DRIVER TO LOCK, MUST MAINTAIN				NRI
COS	CORRECTED ONSITE				
NRI	NEXT ROUTINE INSPECTION				

**EDUCATION PROVIDED OR COMMENTS**

Person in Charge /Title: <b>Laura Ford</b> <i>Laura Ford</i>			Date: <b>07/22/2020</b>		
Inspector: <i>Clayton</i>	Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
			Follow-up Date:		