



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

TIME IN 1000 TIME OUT 1230
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: **STRAWBERRY MIDTOWN REC.** OWNER: **JERRY HOLSTEN** PERSON IN CHARGE: **CINDY WAMBLE**
ADDRESS: **107 MAIN STREET** COUNTY: **069**
CITY/ZIP: **HOLCOMB, MO 63852** PHONE: **573-792-9689** FAX: P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY RESTAURANT 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 _____

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	Personnel	Employee Health	Good Hygienic Practices	Preventing Contamination by Hands	Approved Source	Condition of Food	Proper Use of Utensils	Proper Use of Utensils	Proper Use of Utensils	Proper Use of Utensils	COS	R
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties										
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present										
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion										
<input checked="" type="checkbox"/>	OUT	Proper eating, tasting, drinking or tobacco use										
<input checked="" type="checkbox"/>	OUT	No discharge from eyes, nose and mouth										
<input checked="" type="checkbox"/>	OUT	Hands clean and properly washed										
<input checked="" type="checkbox"/>	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed										
<input checked="" type="checkbox"/>	OUT	Adequate handwashing facilities supplied & accessible										
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source										
<input checked="" type="checkbox"/>	OUT	Food received at proper temperature										
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated										
<input checked="" type="checkbox"/>	OUT	Required records available: shellstock tags, parasite destruction										
<input checked="" type="checkbox"/>	OUT	Food separated and protected										
<input checked="" type="checkbox"/>	OUT	Food-contact surfaces cleaned & sanitized										
<input checked="" type="checkbox"/>	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	Food Identification	Proper Use of Utensils	Proper Use of Utensils	Proper Use of Utensils	Proper Use of Utensils	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fruits and vegetables washed before use							

Person in Charge / Title: **CINDY WAMBLE** Date: **07/29/2020**
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____



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ESTABLISHMENT NAME STRAWBERRY MIDTOWN REC.		ADDRESS 107 MAIN STREET		CITY/ZIP HOLCOMB, MO 63852	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F		
Pork Steak/Smoker	170	Walk in Cooler/Central Kitchen	37		
Coleslaw/West Kitchen	34	Deli Prep Cooler	39		
Walk in Cooler / West Kitchen	40				
Deli Prep/West Kitchen	-5				

PRIORITY ITEMS
 Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.
 Correct by (date) Initial

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

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: **CINDY WAMBLE** *Cindy Wamble*
 Inspector: *Alpha D.H.T.*
 Telephone No. **573-888-9008**
 EPHS No. **1647**
 Date: **07/29/2020**
 Follow-up: Yes No
 Follow-up Date: