

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

TIME IN	10	30	TIME OUT 1200
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NEXT ROUTINE WITH ANY TIME	INSPEC	CTION, OR SU FOR CORRE	Y, THE ITEMS NOTE ICH SHORTER PERI CTIONS SPECIFIED Y SCHOOL	OD OF TIME AS MA IN THIS NOTICE M.	AY BE SPEC AY RESULT	IFIED I	N WRI SSATIC	TING BY T ON OF YOU	'HE REG	Joyce Ja	CHARGE:	COMPLY	
			STREET							COUNTY: 06	69		
CITY/ZIP: KENNETT, MO 63857 PHONE: 573-717-1130				FAX:				P.H. PRIORI	P.H. PRIORITY: H M L				
ESTABLISHMENT BAKERY RESTAU		C. STOR		DEL ENTER SUM	l MER F.P.		ROCE	RYSTOR	E E	INSTITUTION TEMP.FOOD	☐ MOBILE V	ENDORS	
PURPOSE Pre-openi	ng	Routine	☐ Follow-up	☐ Complaint ☐	Other								
FROZEN DES	☐ Disa		SEWAGE DISPO	DSAL PRIVATE		TER SU COMIV		Ϋ́		COMMUNITY Sampled	PRIVATE Results		
License No. NA			- //	RISK FACT									
Risk factors ar	e food p	reparation prac	ctices and employee ealth interventions :	behaviors most com	monly report to prevent f	led to th	e Cent re illne:	ers for Dis	ease Col	ntrol and Prevention a	as contributing facto	ors in	
Compliance	OUT	Person in cha	temonstration of Kinb arge present, demons	wtedge:	COS R	Cor	npliance	N/O N/A		Potentially Hazant cooking, time and ter		COS R	
	and performs duties Employee Health												
OUT Management awareness; policy present OUT Proper use of reporting, restriction and exclusion Gage Hydrenic Practices						N/O N/A N/O N/A	Proper	cooling time and tem hot holding temperat cold holding tempera	ures				
OUT	N/O	Proper eating	, tasting, drinking or	tobacco use			ו דעכ	N/O N/A	Proper	date marking and dis s a public health cont	position		
OUT	N/O		from eyes, nose and			IN C	out I	N/O N	records				
■ OUT	N/O	Proventing Containing by Hands Hands clean and properly washed				IN OUT N Consume undercool			Consur	mer advisory provided ooked foed	r advisory provided for raw or ked food		
TUO III	N/O	No bare hand contact with ready-to-eal foods or approved alternate method properly followed									lighly Suscept Me Populations		
	UT	Adequate har accessible	ndwashing facilities s				DUT I	N/O N/A	Pasteu offered				
	OUT Food obtained from approved source				Toyic subs				dditives: approved ar	ives: approved and properly used tances properly identified, stored and			
IN OUT N/A Food received at proper temperature OUT Food in good condition, safe and unadulterated				OUT Used Used Cambridge William Bridge Procedures									
IN OUT N/O Required records available: shellstock tags, parasite destruction				OUT N/A Compliance with approved Specialized Process and HACCP plan									
■ OUT	N/A		rowesion Newn Contar ted and protected	rimation		The	letter to	the left of	f each ite	m indicates that item	's status at the time	of the	
IN CONT	N/A	= 1				Inspection. IN = in compliance OUT = not in compliance							
IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food				N/A = not applicable N/O = not observed								
								seana ela	aminala	and shysical phinate	isto foods		
IN OUT			ractices are preventa		COS R	IN	OUT			and physical objects Proper Use of Uterrs	s.	COS R	
X			ed where required pproved source			X		In-use u	tensils: p	roperly stored ent and linens: prope	rly stored dried.		
×						×		handled					
Ficodiffering salars Colsins! X Adequate equipment for temperature control				×			se/single used prop	-service articles: prop periv	perly stored, used				
x	X Approved thawing methods used							Ulans	ils, Equipment and V				
×	Thermometers provided and accurate Food Identification				×		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used Warewashing facilities: installed, maintained, used; test						
	Econol.	d properly labeled; original container				×	×	strips us	ed I-contact	surfaces clean			
X	Prevention of Food Contamination									Physical Facilities			
X	Insects	Insects, rodents, and animals not present Contamination prevented during food preparation, storage				X	Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices						
and display Personal cleanliness: clean outer clothing, hair restraint					×		Sewage and wastewater properly disposed						
X	fingernails and jewelry Wiping cloths: properly used and stored				×	*							
X						X		Garbage/refuse properly disposed; facilities maintained					
	Person in Charge /Title: Joyce Jackson					×	X Physical facilities installed, maintained, and clean						
Person in Ch	arge /T	™e:Joyce	Jackson \	Lower)	ahr	~				Date: 10/02/20)20		
Inspector	111	1.1.	10/	Teleph 573 Q	one No. 88-9008			EPHS No 1647		Follow-up: Follow-up Date:	☐ Yes	☑ No	
MO 580-1844-(8-13)	44	7,10	- FIN	DISTRIBUTION: WHITE-		Y		CANARY FI		i ollow-up Liate.		E5.37	



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SOUTH I	ELEMENTARY SCHOOL	ADDRESS 920 KENNET	T STREET	GITY /ZIP KENNET1	, MO 638	357		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD P	RODUCT/ LOCATION	CT/ LOCATION TEMP.			
	Lockwood Warmer	180	Le	eft Dairy Cooler	poler		5	
Vegetable Soup		189		ght Dairy Cooler				
True 2 Door		36		Traulsen 3 door		38		
	Dishwasher	170		alk in Cooler 1		37		
	True 2 door			alk in Cooler 4		Covered by		
Costa Rolarence	Productions contribute directly to the suborning. These items MUST RECEIVE I	rination prevention of n	PRITY ITEMS EGUCZOF LO ATRACOSPINATO TAY This 72 trouts of as States.	el. Hazard S assizciated avilla fo	dbofie Missk	(Ale)		
Code Reference 4-101.19	Core items relate to general samulation of standard operating procedures (SSOPs). Raw wood pallets in walk in freeze	serational controls, faci These items are to be	corrected by the next regu	ar inspection of as stated.		Correct by ideter	II MAIA	
4-301.12	2 vat sink in kitchen, 3 compartment sink required for manual warewashing							
NRI	Next Routine Inspection							
							<u> </u>	
	DISCUSSED WITH MAN.	AGMENT (IF THERE IS AN	PROVIDED OR COMME! Y MODIFICATIONS TO 2VAT SII EXT ROUTINE INSPCTION	NK AND AIR GAP MUST BE PLAC	CED)			
Person in Cl	harge /Title: Joyce Jackson	Sour	Lopelson	Date:	10/02/20			
Inspector	While Offret	Telepho 573-88	8-9008 164	3 No. Follow 7 Follow 7 Follow	/-up: -up Date:	Yes	✓ No E6.37A	