



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

TIME IN 1030 TIME OUT 1200  
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: <b>Hornersville Middle School</b>		OWNER: <b>Hornersville Public School</b>		PERSON IN CHARGE: <b>Joyce Wyrick</b>	
ADDRESS: <b>601 Main Street</b>				COUNTY: <b>Dunklin</b>	
CITY/ZIP: <b>Hornersville, MO 63855</b>		PHONE: <b>573-737-2456</b>	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"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD					
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 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <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			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			IN	OUT N/A		
<input checked="" type="checkbox"/>	OUT			IN	OUT N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
IN	OUT	N/O	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OUT		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
IN	OUT	N/O	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
IN	OUT	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OUT N/A		
IN	OUT	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OUT N/A		
IN	OUT	N/A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OUT N/A		

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
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, equipment and linens: properly stored, dried, handled		
X		Food properly labeled; original container			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		Hot and cold water available; adequate pressure		
X		Wiping cloths: properly used and stored			X		Plumbing installed; proper backflow devices		
X		Fruits and vegetables washed before use			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: **Joyce Wyrick** *Joyce Wyrick* Date: **10/05/2020**

Inspector: *Cheryl...* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_

