

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.												
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME: SOUTHLAND C-9 SCHOOL			OWNER: SOUTHLAND C-9 SCHOOL DISTRICT				PERSON IN CHARGE: Shannon Wilson					
ADDRESS: 500 S MAIN								COUNTY: 069				
CITY/ZIP: CARDWELL, MO 63829 PHONE 573-65			PHONE: 573-654-3574	NE: -654-3574					P.H. PRIORITY: H M L			
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMME					☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDORS P. ☐ TAVERN ☐ TEMP. FOOD							
PURPOSE Routine Follow-up Complaint Other												
FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY												
Date Sampled Results												
	License No. NA RISK FACTORS AND INTERVENTIONS											
Risk factors are f	food preparatio	n practices and employee	behaviors most como are control measures	nonly report to prevent f	ed to th	e Centers ie illness	s for Dise or Injury	ease Control	and Prevention as	s contributing facto		
Compliance		Demonstration of Kn in charge present, demor	owted ge	COS R	Con	npliance		ŗ	otenhally Hazanda king, time and tem		CO	S R
■ ou	and per	in charge present, demoi forms duties Employee Hea			OUT N/O N/A					-		
OUT	T Manage	ement awareness; policy	present		IN OUT N N/A Proper cooling time and temperatures							
001		use of reporting, restriction (Social Hymenic Pid	CTCRS		OUT N/A Proper hot holding temperatures OUT N/A Proper cold holding temperatures							
	N/O Proper	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth				OUT N/C			e marking and disp public health contro		-	
OUT	N/O NO disc				IN C	DUT N/C	J (Name)	records)	Consumer Ais	iszsev.		
■ OUT N	N/O Hands	Preventing Contamination by Hands Hands clean and properly washed			IN OUT Consumer advisory provided for raw or undercooked food							
■ OUT N	N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highty-Susceptible Populations							
approved alternate metrou property followed OUT Adequate handwashing facilities supplied &					OUT N/C	A/N C	Pasteurize offered	d foods used, proh	ibited foods not			
accessible Approved Solution					1_				Gnemical			
OUT Food obtained from approved source NAME OUT SOURCE SOURCE				۳.	OUT	N/A OUT	Toxic subs	ives: approved and tances properly ide	entified, stored and			
IN OUT TO NA					+-		001	used Comfor	mance with Appro	ved Procedures		-
Required records available: shellstock tags, parasite					OUT	N/A	Compliand and HACC	e with approved Sp	pecialized Process			
	destruc	Eksiecilon (ken Comi	na saatan							of the state of the state of	. (1	-
OUT N/A Food separated and protected				The letter to the left of each item indicates that item's status at the time of the inspection.								
OUT N	N/A Food-contact surfaces cleaned & sanitized Proper disposition of returned, previously served.				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT IN Proper disposition of returned, previously served. reconditioned, and unsafe food GROD RETAL SRACTICES.												
	Good Re	tail Practices are prevent	Gipt alive measures to con	trol the intro	duction	of pathog	ens, che	emicals, and	physical objects in	nto foods.		
IN OUT		Sale Food and Water		COS R	IM	OUT		tensils: croo	er Use of Utalists		COS	R
		gs used where required rom approved source			×	- (Utensils,	equipment	and linens: proped	y stored, dried,		
Food Hemberatura Control				×			se/single-se	vice articles; prop	erly stored, used			
	Adequate equipment for temperature control				X		Gloves u	ised properly	/ Equipmentand Ve	ndina		
Approved thawing methods used Thermometers provided and accurate				×		Food an	d nonfood-co	ontact surfaces de d, and used	anable, properly			
Food identification				×	1	Warewa	shing facilitie	es: installed, maint	ained, used; test			
X Food properly labeled; original container				×		strips used Nonfood-contact surfaces clean						
Frevention of Food Contamination Insects, rodents, and animals not present				×		Physical Facilities Hot and cold water available; adequate pressure						
Contamination prevented during food preparation, storage and display					ı	Plumbin	g installed; p	roper backflow de	vices			
Personal cleanliness: clean outer clothing, hair restraint, fingernalis and jewelry				×		Sewage and wastewater properly disposed						
X Wiping cloths: properly used and stored				×				erly constructed, su erly disposed; faci				
	X Fruits and vegetables washed before use				×			facilities ins	talled, maintained,	and clean		
Person in Charge /Title: Shannon Wilson Shaunon W. Son Date: 11/18/2020												
Inspector: Telephone No. 573-888-9008 EPHS No. Follow-up: Yes 1647 Follow-up Date:						No						
EAD 580-1814 (9-193	nungi	MX 1 JAN	DISTRIBUTION: WHITE-		v -		NARY – FI					E6,37



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ESTABLISHMENT NAME SOUTHLAND C-9 SCHOOL		500 S MAIN		CARDWELL, MO 63829				
FOOD PRODUCT/LOCATION		TEMP. in ° F			TEMP. in ° F			
Walk in Cooler		40						
	True 3 Door	39						
	Dish Washer	166.1						
	Bev Air Left	37						
Bev Air Right		38	Dish Washer		168			
Code Reference	Priority items contribute directly to the or injury. These items MUST REGER	PRIORITY IT	TEMS TO BIT RECEPTIBLE REVEL PRIZARDS ASSOCIA THOURS OF AS STATEGO.	ea with loodbarne liness	Ctarect by (tate)	instal		
Cixde Reference	Core items relate to general assistation standard operating procedures (SSO	CORE ITE n, operational controls, facilities or si es). Thase items are to be correct	MS nuclures equipment design, general ma ted by the next regular inspection or a	internance or semilation is stated.	Corrie: by (cate)	ind al		
NRI COS	NEXT ROUTINE INSPECTIO CORRECTED ONSITE	EDUCATION PROVI	DED OR COMMENTS					
Person in Charge / Title: Shannon Wilson Shannon Wilson Date: 11/18/20 Inspector: Telephone No. 573-888-9008						020 Yes 🗆 No		
MO 580-1814	Kplin 1) Fre	DISTRIBUTION: WHITE - OWNER'S COP		Follow-up Date:		E6,37A		