

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

TIME IN 1030			TIME OUT 1230		
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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.												
STRAWBERRY MIDTOWN REC. OWNER: JERRY HOLSTEN					PERSONIN CHARGE: CINDY WAMBLE			AMBLE				
ADDRESS: 107 MAIN STREET					COUNTY: 069							
CITY/ZIP: HOLCOMB, MO 63852 PHONE: 573-792-9689			9	FAX:			P.H. PRIÓRIT	Y: 🔳 H 🗌	М	L		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION ME RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP.FOOD						MOBILE VE	NDÓRS	3				
PURPOSE Routine Follow-up Complaint Other												
FROZEN DESSERT Approved Disapproved PUBLIC PRIVATE SEWAGE DISPOSAL 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	SOULOFE		bemonstration of Kno	Medge	COS F	Con	ipliance		Potentially Hazardo		cos	R
II 01	JT	Person in cha and performs				IN C		IJA .	er cooking, time and tem			
OL	IT	Management	Employee Healt awareness; policy pr	n esent		IN OUT NO N/A Proper reheating procedures for hot holding IN OUT NO N/A Proper cooling time and temperatures						
OL		Proper use of	f reporting, restriction	and exclusion		IN OUT N/A Proper hot holding temperatures OUT N/A Proper cold holding temperatures						
OUT	N/O		Good in visionic Prac , tasting, drinking or	tobacco use		OUT N/A Proper date marking and disposition IN OUT N/O NA Proper date marking and disposition Time as a public health control (procedures /						
■ OUT	N/O	<u>, </u>	from eyes, nose and			IN C	DUT N/O N	recor	ds)			
■ OUT	N/O		enting Contain hat or and properly washed				OUT N/		umer advisory provided rcooked food			
OUT	OUT N/O No bare hand contact with ready-to-eat foods or				Highly-Susceptible Populations							
iii Ol	approved alternate method properly followed Adequate handwashing facilities supplied & accessible				OUT N/O N/A Pasteurized foods used, prohibited foods not offered							
	IT.		Approved Sau s d from approved sou			-	OUT N/	A Food	additives: approved and			
IN OUT N	N/A		d at proper temperati			1		Tovio	substances properly ide			
OUT Food in good condition, safe and unadulterated							orformatics with Approximation of the contract	red Procedures				
IN OUT N/O		destruction	ords available: shells	-		IN	OUT M		HACCP plan	Jecianzed Process		
■ OUT	N/A		ed and protected	ANAMATA		The letter to the left of each item indicates that item's status at the time of the						
OUT	N/A	Food-contact	surfaces cleaned &	sanitized		inspection. IN = in compliance OUT = not in compliance						
■ OUT	N/O		sition of returned, pre	viously served,		N/	A = not applic	cable	N/O = not obs	erved		
				É		RACT	(HTAMMINI			1- (la		
IN OUT			ractices are preventa de Food ario Water		ontrol the intro	IN	or pathogens, OUT	, chemicais	and physical objects in	no roods.	cos	R
×	Paste	rized eggs use	ed where required			×	In-us	e utensils:	properly stored ment and linens: properl	u stared dried		
×	Water	and ice from a	pproved source			×	hand	lled				
			Temperature Contro			X		le-use/sing es used pr	le-service articles: prope	arly stored, used		
Adequate equipment for temperature control Approved thawing methods used					Ute	nsils. Equipment and Ve	wing.					
×	Therm	ometers provid	ded and accurate			×	desid	aned, cons	ood-contact surfaces de tructed, and used			
			ood identification			×		ewashing f s used	acilities: installed, mainta	ained, used; test		
X Food properly labeled; original container				х	Nonf		ct surfaces clean					
Prevention of Food Contamination Insects, rodents, and animals not present				х	Hot a	and cold w	ater available; adequate	pressure				
Contamination prevented during food preparation, storage Plumbing installed; proper backflow devices												
and display Personal clean outer clothing, hair restraint, fingernalls and jewelry Sewage and wastewater properly disposed												
X Wiping cloths: properly used and stored					×	Toile	t facilities:	properly constructed, su properly disposed; facil	ipplied, cleaned ities maintained			
				x	Phys	ical faciliti	es installed, maintained,	and dean				
Person in Charge /Title: CINDY WAMBLE Way Vanue Date: 01/13/2021												
Inspector: Telephone No. 573-888-9008 EPHS No. Follow-up: ☐ Yes ☑ No 1647 Follow-up Date:												
MO 580-18 (4-13)	7	100		DISTRIBUTION: WHITE			CANARY	/ - FILE COPY				E6.37



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ESTABLISHMENT NAME STRAWBERRY MIDTOWN REC.	ADDRESS 107 MAIN STR	EET GITY/ZIP HOLCOMB	s, MO 63852
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Pork Steak/Smoker	175	Walk in Cooler/Central Kitchen	36
Coleslaw/West Kitchen	33	Scallop Potatoes/Warmer West	141
Baked Beans/West Kitchen	165	Deli Prep Cooler Central	36
Walk in Cooler / West Kitchen	39	Empura West	-5 -5
Deli Prep/West Ktichen	38	Empura Central	Correct by Initial
Code	COR	ETTEMS So national equipment design, general maintenance or arrected by the next regular inspection or as stated.	Constity Inital
	A.	ROVIDED OR COMMENTS.	
Person in Charge /Title: CINDY WAMBLE			01/13/2021
Inspector: White Old	Telephone 573-888-	e No.	