



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

TIME IN 930	TIME OUT 1115
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: Malden Nutrition Center	OWNER: SEMO AREA AGENCY ON AGING	PERSON IN CHARGE: Pam White/Jean Johnson
ADDRESS: P.O. BOX 172, 117 W. MAIN ST.		COUNTY: 069
CITY/ZIP: MALDEN, MO 63863	PHONE: 573-276-3266	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 type="checkbox"/> SCHOOL <input checked="" 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. 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	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	Highly Susceptible Populations		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Chemical		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input checked="" type="checkbox"/>	IN	OUT	N/A	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	Compliance with Approved Procedures		
<input checked="" type="checkbox"/>	IN	OUT	N/A	<input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	Protection from Contamination		
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	Food separated and protected		
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food		

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
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Approved thawing methods used			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Utensils, Equipment and Wareing		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Physical Facilities		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Pam White/Jean Johnson <i>Pamela White</i>	Date: 04/08/2021
Inspector: <i>Cheryl White</i>	EPHS No. 1647
Telephone No. 573-888-9008	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:

