



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

TIME IN 1400 TIME OUT 1530
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: Knights of Columbus Hall		OWNER: Knights of Columbus #1572		PERSON IN CHARGE: Zach Bader	
ADDRESS: 12936 County Road 116				COUNTY: Dunklin	
CITY/ZIP: Campbell, MO 63933		PHONE: 573-714-5339	FAX:		P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> MOBILE VENDORS					
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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY	
License No. _____		Date Sampled _____		Results _____	

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	Compliance	Potentially Hazardous Foods	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food separated and protected	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> N/A			
IN OUT <input checked="" type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned, and unsafe food	IN OUT <input checked="" type="checkbox"/> N/A			IN OUT <input checked="" type="checkbox"/> 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	Site: 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		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food properly labeled; original container			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Insects, rodents, and animals not present			X		Nonfood-contact surfaces clean		
X		Contamination prevented during food preparation, storage and display			X		Physical Facilities		
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		Toilet facilities: properly constructed, supplied, cleaned		
					X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Zach Bader		Date: 08/10/2021	
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	

