



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

TIME IN 1030 TIME OUT 1200
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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.

ESTABLISHMENT NAME: Kennett High School		OWNER: Kennett Public Schools		PERSON IN CHARGE: Jerry Donner	
ADDRESS: 1400 W Washington				COUNTY: Dunklin	
CITY/ZIP: Kennett, MO 63857		PHONE: 573-718-1120		FAX:	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT		<input type="checkbox"/> C. STORE <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 checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY 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	OUT	Person in charge present, demonstrates knowledge, and performs duties	COS	R	Compliance	OUT	Proper cooking, time and temperature	COS	R
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/>	OUT	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present			<input checked="" type="checkbox"/>	OUT	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/>	OUT	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/>	OUT	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	Hands clean and properly washed			<input checked="" type="checkbox"/>	OUT	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/>	OUT	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source			<input checked="" type="checkbox"/>	OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/>	OUT	Food received at proper temperature			<input checked="" type="checkbox"/>	OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	OUT	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/>	OUT	Required records available: shellstock tags, parasite destruction							
<input checked="" type="checkbox"/>	OUT	Food separated and protected							
<input checked="" type="checkbox"/>	OUT	Food-contact surfaces cleaned & sanitized							
<input checked="" type="checkbox"/>	OUT	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"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<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: Jerry Donner		Date: 09/07/2021	
Inspector: [Signature]	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	

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ESTABLISHMENT NAME		ADDRESS		CITY / ZIP		
Kennett High School		1400 W Washington		Kennett, MO 63857		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F	
Dairy Cooler			Crescor Warmer		148	
Refried Beans/Warmer		158	Dairy Cooler		35	
Traulsen 2 Door		34	Dishwasher		151/168	
Walk in Freezer		-1	Walk in Cooler		36	
Everest		41	True 3 Door		39	
Code Reference	PRIORITY ITEMS				Correct by (date)	Initial
	Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.					
4-601.11A	Ice maker baffles soiled with residue, wash, rinse and sanitize				CIP	
4-703.11	Dishwasher has a sanitizing temp of 151, booster not turned on				COS	
5-205.12	Mop hose laying below flood line basin on sink, creating the potential for a cross connection				COS	
Code Reference	CORE ITEMS				Correct by (date)	Initial
	Core items relate to general sanitation, operational controls, facilities, structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.					
6-501.12A	Bathroom floors soiled with trash and debris, clean				CIP	
5-501.17	No covered wastebasket in restroom				NRI	
EDUCATION PROVIDED OR COMMENTS						
Charge / Title: Jerry Donnet Telephone No. 573-888-9008 EPHS No. 1647 Date: 09/07/2021 Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date:						