

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

TIME IN	93	0	TIME OUT 1115		
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NEVY POLITIME IN	SPECTION THIS DAY, THE ITEMS NOTI NSPECTION, OR SUCH SHORTER PER IMITS FOR CORRECTIONS SPECIFIED	OD OF TIME AS MAY	BE SPEC	3F15[	D IN W	RITING BY	THE REGULA	PERATIONS.	TO COMPLY
ESTABLISHME Malden Nu	ent NAME: utrition Center	OWNER: SEMO AREA AGENCY ON AGING			PERSON IN CHARGE:   Pam White/Aretha Wynn				
ADDRESS: P.O. BOX 172, 117 W. MAIN ST.								COUNTY: 069	
CITY/ZIP: MAI	PHONE: 573-276-3266	PHONE: 573-276-3266		FAX:			P.H. PRIORITY: H	M L	
ESTABLISHMENT TYFE  BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER				☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDORS P. ☐ TAVERN ☐ TEMP.FOOD					
	PURPOSE  Pre-opening Rouune Follow-up Complaint Other								
☐ Approved ☐	FROZEN DESSERT  Approved Disapproved  PUBLIC PRIVATE  COMMUNITY NON-COMMUNITY PRIVATE  Date Sampled Results								
License No. NA		RISK FACTO	RS AND	ΪΝΤΙ	ERVE	NTIONS	. Cir meet.		
Risk factors are for	cod preparation practices and employee	sehaviors most commo	nly reporte	ed to	the Ce	nters for Dis	sease Cantrol :		ALCOHOLOGICAL CONTRACTOR OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON N
foodborne illness o Compliance	outbreaks. Public health interventions a	re control measures to	prevent fo		orne illr Complian		y.	aterbally Hazardous Foods.	COS I
	Developing the plantage of the developing the second secon			12		N/O N/A		ting, time and temperature	
OUT OUT	Management awareness; policy or				OUT	ND N/A		eating procedures for hot holding	
OUT	Proper use of reporting restriction	and exclusion		*	OUT	N/O: N/A	Proper hot h	ng time and temperatures olding temperatures	
OUT N	Good Hyglenic Braid N/O Proper eating, tasting, drinking or t				OUT	N/O N/A		holding temperatures marking and disposition	
OUT N	No discharge from eyes, nose and			IN		N/O 1	Time as a pu	ublic health control (procedures /	
	Préveniiri (Contamination	b Hands					records)	:Consumer Advisory	
OUT N	/O Hands clean and properly washed			IN	OL	л 🗥	Consumer ac	dvisory provided for raw or	
OUT N	/O No bare hand contact with ready-to	-eat foods or					undercooked	rood NY Susceptible Populations	
OUT	approved alternate method properl		-				i,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- 001	accessible				OUT	N/O N/A	offered	foods used, prohibited foods not	
■ OUT	Food obtained from approved source			-	OL	IT N/A		Chismacal. es: approved and properly used	
IN OUT 🏗 N	To a disease with a first control of					OUT		nces properly identified, stored a	nd
OUT	Food in good condition, safe and ur	adulterated		_	_		used Carteman	ands with Approved Procedures	
IN OUT N/O Required records available, shell stock tags, parasite destruction				IN OUT Compliance with approved Specialized Process and HACCP plan					
IN OTT N/A	Protection from Comain  A Food separated and protected	rical con:	-	The	lotter t	a the left of	amala lianni in di		
OUT N/		enitized	-	insp	ection.			icates that item's status at the tim	e of the
OUT N/	Brongs diamonities of sets and and			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed					
OG 1 N/	reconditioned, and unsafe food							THE HIGH BESTIVED	
	Good Retail Practices are preventativ	e measures to control to	BETALL P	RACI	FICES	N. S			
IN OUT	Sale Food and Water	COS	R	IN	QUT	************************		use of the sile.	COS   R
A Pa	steurized eggs used where required ater and ice from approved source			X		In-use ute	ensils: properly	stored	
**				Х		Utensils, handled	equipment and	linens: properly stored, dried,	
× Ade	ficed Temperature Certical equate equipment for temperature control			×		Single-us	e/single-servic	e articles: properly stored, used	
X Ap	proved thawing methods used			×		Gloves us	sed properly	upnentale Vanding	
× The	ermometers provided and accurate			x		Food and	nonfood-conta	act surfaces deanable, properly	
	Food (semilication:				×	Warewasi	. constructed, a hing facilities: i	and used installed, maintained, used; test	
X Foo	Food properly labeled; original container			×		strips use	d contact surface		
Prevention of #cod Contentration							Phys	ical Facilities	
Insects, rodents, and animals not present     Contamination prevented during food preparation, storage			1	×		Hot and o	old water avail	able: adequate pressure	
and display  Personal cleanliness: clean outer clothing, hair restraint.			-	X					
fingernails and jewelry  X Wiping doths: properly used and stored				X					
X Fruits and vegetables washed before use				×		I oilet facil Garbade/r	ities: properly a refuse properly	constructed, supplied, deaned disposed; facilities maintained	
Person in Charge	/Title:			X		Physical fa	acilities installe	ed, maintained, and clean	
Person in Charge /Title: Pain White/Aretha Wynn Denton (Corror Date: 10/04/2021									
Ispector:   Telephone No   EDHS No   Followers									
573-688-9008 1647 Follow-up: Yes No Pollow-up: Distribution: WHITE-OWNERS COPY CAMBRY-FILE COPY									



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ESTABLISHME Malden I	NT NAME Nutrition Center	P.O. BOX 172, 11	MALDEN, MO 638	DEN, MO 63863			
FOOD PRODUCT/LOCATION  DAIRY COOLER		TEMP. in ° F	FOOD PRODUC	T/ LOCATION	TEMP. in ° F		
		41	WALK IN F	REEZER	-5		
	Hambuger, Cooking	167	WALK IN C	COOLER	37		
	Spagetti/ HOT HOLD	171					
	EPCO Warmer	Not On					
Code	EFCO Warmer	PRIORITYI	TEMS:		   Carter by   Liter		
Reference	Priority items contribute directly to the or nerry. These items MUST RECE	e elimination, prevention or reduction IVE NVMEDIATE ACTION within 72	rth an acreptable lenet hazard: hours or as stated.	s associated with foodporte liness	(care)		
4-703.11	Dishwasher showing 5 pa			ig until dishwasher has	10/11/2		
E 00E 40	been repaired						
5-205.12	05.12 Mop sink hose laying below flood line basin, creating the potential for a cross connection						
		COPITE					
Code Reference	Core dens relate to general sandat : sandard operat no procedures : 880		мs госолов едирте 1 северт дег	neral maintenance or santation	Correct by Instell (Cate)		
4-501.114				190191.85.84066	10/11/255		
4-302.14	No test kit for checking sai				10/11/2		
3-305.11 Boxes on floor in walk in freezer, shall be atleast 6 inches off the floor					10/11/2		
				,			
		<u> </u>					
cos	CORRECTED ONSITE						
CIP	Correction in Progress						
	L	EDUCATION PROVIDE	DED OR COMMENTS				
		The second secon					
Person in Cl	harge /Title: Pam White/Are	etha Wynn Penton	na Wynn Denton Koyn, Date: 10/04/				
Inspector:		Telephone No.	EPHS No.	Follow-up:	Yes 🔲 No		
1105	melyl Ille	573-888-900	8 1647	Follow-up Date: 10	/11/21 E6.37A		