



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/Aretha Wynn**  
 ADDRESS: **P.O. BOX 172, 117 W. MAIN ST.** COUNTY: **069**  
 CITY/ZIP: **MALDEN, MO 63863** PHONE: **573-276-3266** FAX: \_\_\_\_\_ P.H. PRIORITY:  H  M  L

ESTABLISHMENT TYPE  
 BAKERY  C. STORE  CATERER  DELI  GROCERY STORE  INSTITUTION  MOBILE VENDORS  
 RESTAURANT  SCHOOL  SENIOR CENTER  SUMMER F.P.  TAVERN  TEMP. FOOD

PURPOSE  
 Pre-opening  Routine  Follow-up  Complaint  Other

FROZEN DESSERT  Approved  Disapproved  
 SEWAGE DISPOSAL  PUBLIC  PRIVATE  
 WATER SUPPLY  COMMUNITY  NON-COMMUNITY  PRIVATE  
 License No. **NA** 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	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	IN OUT N/A		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
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<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
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<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	IN OUT		
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	IN OUT		

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	COS	R	IN	OUT	COS	R
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Person in Charge / Title: **Pam White/Aretha Wynn** *Denton Kayser* Date: **10/04/2021**  
 Inspector: *Charles W. [Signature]* Telephone No. **573-888-9008** EPHS No. **1647**  
 Follow-up:  Yes  No  
 Follow-up Date: **10/11/21**



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ESTABLISHMENT NAME Malden Nutrition Center		ADDRESS P.O. BOX 172, 117 W. MAIN ST.		CITY /ZIP MALDEN, MO 63863	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
DAIRY COOLER		41	WALK IN FREEZER		-5
Hamburger, Cooking		167	WALK IN COOLER		37
Spagetti/ HOT HOLD		171			
EPCO Warmer		Not On			

  

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level of hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Corrected by (Date)	Initial
4-703.11	Dishwasher showing 5 parts per million on sanitizer, use 3 vat for sanitizing until dishwasher has been repaired	10/11/21	<i>[Signature]</i>
5-205.12	Mop sink hose laying below flood line basin, creating the potential for a cross connection	10/11/21	<i>[Signature]</i>

  

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structural repairs. These items require general maintenance or repair for standard operation, per Missouri SSOIPS. These items are to be corrected by the next regular inspection or as stated.	Corrected by (Date)	Initial
4-501.114	No sanitizer detected in buckets for in place cleaning	10/11/21	<i>[Signature]</i>
4-302.14	No test kit for checking sanitizer	10/11/21	<i>[Signature]</i>
3-305.11	Boxes on floor in walk in freezer, shall be atleast 6 inches off the floor	10/11/21	<i>[Signature]</i>

COS CORRECTED ONSITE  
 CIP Correction in Progress

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Pam White/Aretha Wynn *[Signature]* Date: 10/04/2021

Inspector: *[Signature]* Telephone No. 573-888-9008 EPHS No. 1647 Follow-up:  Yes  No  
 Follow-up Date: 10/11/21