



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

TIME IN 1100 TIME OUT 1230
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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: STRAWBERRY MIDTOWN REC. OWNER: JERRY HOLSTEN PERSON IN CHARGE: Darren Lemarr
ADDRESS: 107 MAIN STREET COUNTY: 069
CITY/ZIP: HOLCOMB, MO 63852 PHONE: 573-792-9689 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
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	Person in charge present, demonstrates knowledge, and performs duties			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Employee Health			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Preventing Contamination by Hands			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT N/A	Highly Susceptible Populations		
<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 N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> OUT	Compliance with Approved Processes		
IN	Required records available: shellstock tags, parasite destruction			IN	Compliance with approved Specialized Process and HACCP plan		
<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
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		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Thermometers provided and accurate			X		Warewashing facilities: installed, maintained, used; test strips used		
	X	Food properly labeled; original container	X		X		Nonfood-contact surfaces clean		
X		Insects, rodents, and animals not present			X		Physical Facilities		
X		Contamination prevented during food preparation, storage and display			X		Hot and cold water available; adequate pressure		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Plumbing installed; proper backflow devices		
X		Wiping cloths: properly used and stored			X		Sewage and wastewater properly disposed		
X		Fruits and vegetables washed before use			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: Darren Lemarr Date: 01/27/2022
Inspector: [Signature] Telephone No. 573-888-9008 EPHS No. 1647 Follow-up: Yes No
Follow-up Date: _____

