



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

TIME IN 900 TIME OUT 1030  
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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: **CAMPBELL R-2 SCHOOL** OWNER: **CAMPBELL R-2 SCHOOL DISTRICT** PERSON IN CHARGE: **Dawn Smart**  
ADDRESS: **HWY 53 SOUTH** COUNTY: **069**  
CITY/ZIP: **CAMPBELL, MO 63933** PHONE: **573-246-3109** 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	Denominator	Score	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Hands clean and properly washed			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Adequate hand washing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Food received at proper temperature			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Required records available, shellstock tags, parasite destruction			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Food separated and protected			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Food-contact surfaces cleaned & sanitized			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			<input checked="" type="checkbox"/>	OUT N/O 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	Score	COS	R	IN	OUT	COS	R
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Approved thawing methods used			<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Insects, rodents and animals not present			<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>			

Person in Charge / Title: **Dawn Smart** Date: **09/02/2022**  
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647**  
Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_



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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Left Dairy Cooler		41	Walk in freezer		0
Right Dairy Cooler		39	Dishwasher		175
McCall Hot Hold		178	Walk in Cooler		37
Chicken/Oven		193			
McCall Cooler		40			

**PRIORITY ITEMS**  
 Priority items are those directly related to the elimination, prevention or reduction of food safety hazards associated with foodborne illness or injury. **These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.**

Code Reference	Description	Corrective Action	Date
7-102.11	Unlabeled spray bottle on countertop in warewash area	COS	9/2/22
3-101.11	4 #10 cans badly dented in storage area (2 sliced carrots, 1 vegetarian beans, 1 green bean)	COS	9/2/22
4-601.11A	Grease build up on fire suppression system above deep fryers	CIP	9/2/22
4-703.11	No sanitizer detected in bucket for in place cleaning	COS	9/2/22

**CORE ITEMS**  
 Core items relate to general sanitation, general control, facilities, equipment, design, general maintenance, sanitizer standard operating procedures (SOPs). **These items are to be corrected by the next regular inspection or as stated.**

Code Reference	Description	Corrective Action	Date

NRI      Next Routine Inspection  
 CIP      Correction in progress

EDUCATION PROVIDED OR COMMENTS:

Person in Charge / Title: Dawn Smart      Date: 09/02/2022  
 Inspector: [Signature]      Telephone No. 573-888-9008      EPHS No. 1647  
 Follow-up:       Yes       No  
 Follow-up Date: \_\_\_\_\_