



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

| | |
|--------------|---------------|
| TIME IN 1045 | TIME OUT 1200 |
| 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: Holcomb School | OWNER: Holcomb School Dist. RIII | PERSON IN CHARGE: Darrell Smith |
| ADDRESS: 102 Cherry Street | COUNTY: 069 | |
| CITY/ZIP: Holcomb, MO 63852 | PHONE: 573-792-3362 | FAX: |
| P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> 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 <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 _____ | <input type="checkbox"/> PRIVATE 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 | Control Measure / 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 | Management awareness: policy present | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| <input checked="" type="checkbox"/> OUT | No discharge from eyes, nose and mouth | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Time as a public health control (procedures / records) | | |
| <input checked="" type="checkbox"/> OUT | Adequate hand washing facilities supplied & accessible | | | | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input checked="" type="checkbox"/> OUT N/A | Pasteurized foods used, prohibited foods not offered | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature | | | IN <input checked="" type="checkbox"/> | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Toxic substances properly identified, stored and used | | <input checked="" type="checkbox"/> |
| IN OUT N/O <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | <input checked="" type="checkbox"/> OUT N/A | Compliance with approved Specialized Process and HACCP plan | | |
| IN <input checked="" type="checkbox"/> N/A | Food separated and protected | | | | 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 | | |
| <input checked="" type="checkbox"/> OUT | Food-contact surfaces cleaned & sanitized | | | | | | |
| IN OUT <input checked="" type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Control Measure | COS | R | IN | OUT | Control Measure | 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 | | Adequate equipment for temperature control | | | X | | Single-use/single-service articles: properly stored, used | | |
| X | | Approved thawing methods used | | | X | | Gloves used properly | | |
| X | | Thermometers provided and accurate | | | X | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| X | | Food properly labeled: original container | | | X | | Warewashing facilities: installed, maintained, used; test strips used | | |
| X | | Insects, rodents, and animals not present | | | X | | Nonfood-contact surfaces clean | | |
| 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 | | |

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| Person in Charge / Title: Darrell Smith | Date: 09/02/2022 |
| Inspector: <i>[Signature]</i> | EPHS No. 1647 |
| Telephone No. 573-888-9008 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Follow-up Date: _____ |

