



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

TIME IN 900	TIME OUT 1015
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: <b>SENATH SCHOOL CAFETERIA</b>		OWNER: <b>SENATH-HORNERSVILLE PUBLIC SCH</b>		PERSON IN CHARGE: <b>Amanda Dogoli</b>	
ADDRESS: <b>801 S STATE STREET</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>SENATH, MO 63876</b>		PHONE: <b>573-738-2661</b>		FAX:	
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L					
ESTABLISHMENT TYPE					
<input type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> TAVERN	<input type="checkbox"/> MOBILE VENDORS
PURPOSE					
<input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. <b>NA</b>		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	Demonstrator of Knowledge	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	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			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Good Hygiene Practices			IN <input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> OUT N/O	Proper eating, fasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	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 N/O	Prevention of Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate hand-washing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Approved Source				Chilled		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Compliance with Approved Procedures		
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		
<input checked="" type="checkbox"/> OUT N/A	Protection from Contamination						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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/C = 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	Safety and Water	COS	R	IN	OUT	Food and Utensils	COS	R
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
<input checked="" type="checkbox"/>		Food Temperature Control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used					Storage: Equipment and Methods		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>		Food handling			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Food properly labeled: original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available: adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: <b>Amanda Dogoli</b>		Date: <b>09/06/2022</b>	
Inspector: <i>Charles D. [Signature]</i>		Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: _____



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PAGE 2 of 2	

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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Beans/Warmer		143	Ham/Salad Bar		49
Hamburger/Warmer		155	True Freezer		-0
Cottage Cheese/Salad Bar		49	Traulsen		38
Left Milk Cooler		33	Walk in Cooler		37
Right Milk Cooler		34	Dishwasher		171
Code Reference	<b>PRIORITY ITEMS</b> Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.				Correct by (date)
3-501.16B	Multiple items on salad bar not being held below 41 degrees, (Cottage Cheese, Ham)				COS *ADP
<b>CORE ITEMS</b> Core items relate to general sanitation, general food safety, facilities or equipment design, general plant operation, and safe food standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.					
5-501.15	Lids broken or missing on outside dumpster, repair or replace				NRI *ADP
6-501.11	Fan in warewash area not working, repair or replace				NRI *ADP
3-501.13	Improper thawing of cheese in 3 vat sink, shall be thawed in walk in cooler or running water that can drain				NRI *ADP
4-6-01.11C	Bottom of dairy cooler soiled with spilled milk, clean				NRI *ADP
6-5-1.11	Handwashing sink in kitchen sagging allowing seal to break, repair or replace				NRI *ADP
5-501.15	No lid on dumpster next to north facing door, repair or replace				NRI *ADP
NRI	Next Routine Inspection- January 2023				
<b>EDUCATION PROVIDED OR COMMENTS</b>					
Person in Charge /Title: Amanda Dogoly <i>Amanda J Dogoly</i>					Date: 09/06/2022
Inspector: <i>Chet...</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Follow-up Date:		