



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

TIME IN 900 TIME OUT 945
 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: MASTERTON ELEMENTARY		OWNER: KENNETT PUBLIC SCHOOL	PERSON IN CHARGE: Jeannie Putman
ADDRESS: 1600 ELY ROAD			COUNTY: 069
CITY/ZIP: KENNETT, MO 63857		PHONE: 573-717-1115	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"/> RESTAURANT	<input checked="" type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.
		<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION
		<input type="checkbox"/> TAVERN	<input type="checkbox"/> TEMP. FOOD
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	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
WATER SUPPLY		PRIVATE	
<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY		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	Item	COS	R	Compliance	Item	COS	R
<input checked="" type="checkbox"/>	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/>	Management awareness; policy present			<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/>	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	Hands clean and properly washed			<input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	Food obtained from approved source			<input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	Food received at proper temperature			<input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/>	Food separated and protected						
<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
<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
 N/A = not applicable
 OUT = not in compliance
 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	Item	COS	R	IN	OUT	Item	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"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Approved thawing methods used			<input checked="" type="checkbox"/>		Gloves used properly		
<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 properly labeled; original container			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
					<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Jeannie Putman	Date: 09/08/2022
Inspector: <i>Charles Park</i>	Telephone No. 573-888-9008
	EPHS No. 1647
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN 900	TIME OUT 945
PAGE 2	of 2

ESTABLISHMENT NAME MASTERSON ELEMENTARY		ADDRESS 1600 ELY ROAD		CITY / ZIP KENNETT, MO 63857	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Bev Air		39	Sausage/Warmer		142
Dishwasher		166	Hobart 2 Door		40
Metro Warmer		155	Salad Bar/Ham		39
Walk in Cooler		39	Lockwood 2		137
Walk in Freezer		-3	Salad bar/Lettuce		40

Code Reference	PRIORITY ITEMS	Correct by (date)	Initials
	Priority items contribute only to the elimination, prevention or reduction to an acceptable level hazards associated with food, water, linens or air. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours of as stated.		

Code Reference	CORE ITEMS	Correct by (date)	Initials
	Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standards, training procedures, SSOPs. These items are to be corrected by the next regular inspection or as stated.		

COS	Corrected Onsite		
-----	------------------	--	--

EDUCATION PROVIDED OR COMMENTS:

Person in Charge / Title: Jeannie Putman	<i>Jeannie Putman</i>	Date: 09/08/2022
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: