



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

TIME IN 900 TIME OUT 1015
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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: KENNETT MIDDLE SCHOOL		OWNER: KENNETT PUBLIC SCHOOLS		PERSON IN CHARGE: MARGARET WEBB	
ADDRESS: 510 COLLEGE				COUNTY: 069	
CITY/ZIP: KENNETT, MO 63857		PHONE: 573-717-1108		FAX:	
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"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD					
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> 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 <input type="checkbox"/> 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	Person in Charge	Compliance	Potentially Hazardous Foods	Compliance			
COS	R	COS	R	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	Management awareness; policy present	<input checked="" type="checkbox"/>	OUT N/O 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	<input checked="" type="checkbox"/>	OUT N/O N/A	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	<input checked="" type="checkbox"/>	OUT N/O N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	OUT	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>	OUT N/O N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source	<input checked="" type="checkbox"/>	OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	OUT	Food received at proper temperature	<input checked="" type="checkbox"/>	OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>	OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT	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	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					
<input checked="" type="checkbox"/>	OUT	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	Compliance	COS	R	Compliance	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"/>	X	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"/>		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: MARGARET WEBB		Date: 09/12/2022	
Inspector: <i>Charles</i>		Telephone No. 573-888-9008	
EPHS No. 1647		Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Follow-up Date: _____			



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ESTABLISHMENT NAME		ADDRESS		CITY/ZIP		
KENNETT MIDDLE SCHOOL		510 COLLEGE		KENNETT, MO 63857		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Metro Warmer		189	Dishwasher		165	
WALK IN COOLER		34	True DIARY COOLER		34	
2 Door Everest Cooler		38	Walk in Freezer		-2	
Code Reference	PRIORITY ITEMS				Corrected by (Date)	Initial
4-703.11	No sanitizer detected for in place cleaning, no sanitizer detected in wall mounted dispenser				CIP	MW
Code Reference	CORE ITEMS				Corrected by (Date)	Initial
3-501.13	Improper thawing of apple sauce in 3vat, shall be thawed in walk in cooler or running water				NRI	MW
4-301.12B	Repeat for past 7 inspections: 3 compartment sink not large enough to properly wash, rinse and sa				NRI	
COS	Corrected onsite					
NRI	Next Routine Inspection					
CIP	Correction in progress					
EDUCATION PROVIDED OR COMMENTS						

Person in Charge /Title: MARGARET WEBB		Date: 09/12/2022
Inspector:	Telephone No. 573-888-9008	EPHS No. 1647
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: