



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

TIME IN 1000	TIME OUT 1300
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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: KENTUCKY FRIED CHICKEN		OWNER: FOWLER FOODS	PERSON IN CHARGE: Wanda Crowe, MGR
ADDRESS: 415 INDEPENDENCE AVE			COUNTY: 069
CITY/ZIP: KENNETT, MO 63857	PHONE: 573-888-5662	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"/> MOBILE VENDORS <input checked="" 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"/> 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 <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	Demonstration 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				
	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					<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures				
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion					IN <input checked="" type="checkbox"/> N/O N/A	Proper hot holding temperatures				
	Good Hygienic Practices					<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures				
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, 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)				
	Preventing 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				
IN <input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible					<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered				
	Approved Source						Chemical				
<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						Conformance with Approved Procedures				
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction					IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan				
	Protection from Contamination					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					
IN <input checked="" type="checkbox"/> N/A	Food separated and protected										
IN <input checked="" type="checkbox"/> N/A	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	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	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		
		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
	X	Approved thawing methods used					Utensils, Equipment and Vending		
X		Thermometers provided and accurate				X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification				X	Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container				X	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
	X	Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
	X	Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				X	Sewage and wastewater properly disposed		
	X	Wiping cloths: properly used and stored				X	Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X		Garbage/refuse properly disposed; facilities maintained		
					X	X	Physical facilities installed, maintained, and clean		

Person in Charge / Title: Wanda Crowe, MGR		Date: 12/20/2019	
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: 12/30/19



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ESTABLISHMENT NAME KENTUCKY FRIED CHICKEN		ADDRESS 415 INDEPENDENCE AVE		CITY /ZIP KENNETT, MO 63857	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Corn/Warmer		192	Coleslaw Cooler		37
Fried Chicken/ Warmer		187			
Chicken Strips/Warmer		112			
Walk in Cooler next to Prep Sink		38			
Walk in Cooler 2		37			
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.				Correct by (date)
4-601.11A	All three fountain units heads soiled with black residue, wash rinse and sanitize				12/30/19 <i>rh</i>
3-501.16A	Chicken strips tempted at 112 degrees, shall be hot held 135 degrees or above				12/30/19 <i>rh</i>
4-20-2.15	Can opener soiled with food and debris, wash rinse and sanitize				12/30/19 <i>rh</i>
3-302.11A4	Fried chicken in walk in cooler uncovered, creating the potential for contamination				12/30/19 <i>rh</i>
6-501.111	Multiple dead roaches seen under 3 vat sink				12/30/19 <i>rh</i>
4-601.11A	Ice maker soiled with black and pink residue, wash rinse and santiize				12/30/19 <i>rh</i>
					12/30/19 <i>rh</i>
4-601.11A	Multiple lids and pans that have been cleaned soiled with food and debris				12/30/19 <i>rh</i>
5-205.15A	Drain line in kitchen backing up onto floor, repair				12/30/19 <i>rh</i>
3-304.11	No sanitizer registering in solution for wiping clothes				12/30/19 <i>rh</i>
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.				Correct by (date)
6-501.11	COVING MISSING THROUGHOUT AREAS IN KITCHEN, MUST MAINTAIN IN GOOD REPAIR				2/3/2020 <i>rh</i>
6-501.11	DAMAGED WALLS AND DOORS IN REAR WALK IN COOLER, KEEP SURFACES SMOOTH ANS EASILY				2/3/2020 <i>rh</i>
4-501.11C	Can opener blade dulled and leaving metal shavings, replace				12/30/19 <i>rh</i>
6-301.12	No towels at hand sink in front serving area				12/30/19 <i>rh</i>
6-501.11	Drain line broke for 2 bay sink and drainage line for walk in cooler, leaking onto floor				2/3/2020 <i>rh</i>
4-601.11A	Black residue on ceiling and walls in all walk in coolers, wash rinse and sanitize				12/30/19 <i>rh</i>
4-501.16	Thawing chicken in 2nd bay of 3 bay sink, 3 bay sink is for wash rinse and sanitize				12/30/19 <i>rh</i>
3-501.13	improper thawing of chicken in 3 bay sink				12/30/19 <i>rh</i>
4-901.11	Dishes not properly dried before stacking				12/30/19 <i>rh</i>
4-501.14	2nd bay of 3 bay sink soiled with food and debris				12/30/19 <i>rh</i>
4-501.14	2 bay sink soiled with food and debris(Manager stated it was not used) wash rinsed and sanitize				12/30/19 <i>rh</i>
4-603.16	Not using 2nd bay of sink for rinsing				12/30/19 <i>rh</i>
4-601.11C	Multiple areas through out store soiled with food and debris(areas stated below)				12/30/19 <i>rh</i>
	-Floors in all areas of kitchen, equipment, ice maker, shelving, walk in coolers and freezers, ceilings in kitchen				
4-601.11C	Fans soiled with black residue in rear walk in cooler				12/30/19 <i>rh</i>
5-501.17	Wastebasket in women's restroom not covered				12/30/19 <i>rh</i>
4-601.11C	Fryers soiled with food and debris				12/30/19 <i>rh</i>
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: Wanda Crowe, MGR <i>Wanda Crowe</i>					Date: 12/20/2019-
Inspector: <i>Chad Phil</i>	Telephone No. 573-888-9008		EPHS No. 1647		Follow-up: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					Follow-up Date: 12/30/19