



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

TIME IN 1350	TIME OUT 1615
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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: <b>JOHNS WAFFLE &amp; PANCAKE HO</b>	OWNER: <b>JOHN RAMADANI</b>	PERSON IN CHARGE: <i>Noia Ramadani</i>
ADDRESS: <b>424 INDEPENDENCE AVE</b>		COUNTY: <b>069</b>
CITY/ZIP: <b>KENNETT, MO 63857</b>	PHONE: <i>573-888-9905</i>	FAX:
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		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		
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. <b>NA</b>		

**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
IN	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
	Employee Health			IN	Proper reheating procedures for hot holding		
	Management awareness; policy present			IN	Proper cooling time and temperatures		
	Proper use of reporting, restriction and exclusion				Proper hot holding temperatures		
	Good Hygienic Practices				Proper cold holding temperatures		
	Proper eating, tasting, drinking or tobacco use				Proper date marking and disposition		
	No discharge from eyes, nose and mouth				Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
	Hands clean and properly washed				Consumer advisory provided for raw or undercooked food		
	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
	Adequate handwashing facilities supplied & accessible				Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
	Food obtained from approved source				Food additives: approved and properly used		
	Food received at proper temperature				Toxic substances properly identified, stored and used		
	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
	Required records available: shellstock tags, parasite destruction				Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
	Food separated and protected						
	Food-contact surfaces cleaned & sanitized						
	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/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	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		Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Noia Ramadani</i>	Date: <b>01/29/2019</b>
Inspector: <i>Chandra Patel</i>	Telephone No. <b>573-888-9008</b>
EPHS No. <b>1647</b>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: _____



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ESTABLISHMENT NAME: **JOHNS WAFFLE&PANCAKE HO** ADDRESS: **424 INDEPENDENCE AVE** CITY/ZIP: **KENNETT, MO 63857**

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Tomato/Salad Prep TABLE	39	WALK IN FREEZER	10
HAM/ SALAD PREP TABLE	38	BEEF BARLEY SOUP	160
BACON/ SALAD PREP TABLE	38	WALK IN COOLER	36
SAUSAGE/ SALAD PREP TABLE	39		

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
4-601.11A	CAN OPENER SOILED WITH FOOD AND DEBRI, CLEAN AND SANITIZE	2/01/19	NR
4-601.11A	MEAT SLICER SOILED WITH MEAT AND DEBRI, CLEAN AND SANITIZE	2/01/19	NR
4-101.11	OBSERVED DRY GOODS STORED IN NON FOOD GRADE CONTAINERS	2/01/19	NR
4-601.11A	ICE MAKER BAFFLE SOILED WITH A PINK AND BLACK RESIDUE, CLEAN AND SANITIZE	2/01/19	NR
3-501.17	OBSERVED SEVERAL TYPES OF FOOD NOT DATED (INCLUDED COOKED SAUSAGE, BACON, HAM, EGGS, CHICKEN DUMPLINGS, CHILI, VEGETABLE SOUP, MUST BE PROPERLY DATED	2/01/19	NR
3-302.11	OBSERVED FOOD IN WALK IN COOLER UNCOVERED WITH THE RISK OF CROSS CONTAMINATION	2/01/19	NR
7-202.11	OBSERVED BOTTLE OF ANTIFREEZE ON SHELF IN KITCHEN	2/01/19	COS NR
4-601.11A	OBSERVED PAN AND SPATULA IN OVEN DRAWER SOILED WITH FOOD AND DEBRI, CLEAN AND SANITIZE	2/01/19	NR
3-501.17	CHICKEN SALAD IN FRONT COOKING LOBBY OPENED BUT NOT DATED	2/01/19	NR
2-102.11	PERSON IN CHARGE NOT DEMONSTRATING KNOWLEDGE OF FOOD CODE, DATING AND LABELING	2/01/19	NR

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
3-501.13	OBSERVED IMPROPER THAWING ( SAUSAGE ON FLOOR IN HALLWAY) MUST USE PROPER THAWING METHODS	2/01/19	NR
3-305.11	FOOD STORED ON FLOOR IN WALK IN FREEZER, MUST BE ATLEAST 6INCHES OFF OF FLOOR	2/01/19	NR
3-305.11	SAUSAGE STORED ON FLOOR IN HALLWAY OUTSIDE OF WALK IN COOLER	2/01/19	NR
3-302.12	FOOD READY TO EAT, STORED IN WALK IN COOLER NOT LABELED WITH COMMON NAME	2/01/19	NR
5-501.15	DUMPSTER LIDS OPENED, MUST KEEP LIDS CLOSED	2/01/19	NR
6-601.11	HAND WASHING SINK IN KITCHEN AND IN COOKING AREA ARE LEAKING, MUST MAINTAIN IN GOOD REPAIR	2/29/18	NR
4-601.11C	OBSERVED SEVERAL SHELVES WITH FOOD AND DEBRI, CLEAN AND SANITIZE	2/01/19	NR
4-601.11C	SYRUP LEAKING ONTO FLOOR FROM FOUNTAIN BOXES , CLEAN AND SANITIZE	2/01/19	NR
4-302.14	NO TEST STRIPS FOR SANITIZER IN 3 VAT SINK	2/01/19	NR

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *[Signature]* Date: **01/29/2019**  
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
 Follow-up Date: