

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

TIME IN 1350	TIME OUT 1615		
PAGE 1 of	2		

CITY/ZIP: KENNETT, MO 63857 PHONE: STARLENAM C. STORE CATERIER DELU GROCERY STORE INSTITUTION MOBILE VENDORS RAKERY C. STORE CATERIER DELU GROCERY STORE INSTITUTION MOBILE VENDORS RAKERY C. STORE CATERIER DELU GROCERY STORE INSTITUTION MOBILE VENDORS RAKERY C. STORE CATERIER DELU GROCERY STORE INSTITUTION MOBILE VENDORS RAKERY C. STORE CATERIER DELU GROCERY STORE INSTITUTION MOBILE VENDORS RESEARCH C. STORE CATERIER DELU GROCERY STORE INSTITUTION MOBILE VENDORS RESEARCH C. STORE CATERIER DELU GROCERY STORE INSTITUTION MOBILE VENDORS RESEARCH C. STORE CATERIER DELU GROCERY STORE INSTITUTION MOBILE VENDORS RESEARCH C. STORE C	WITH EST JO	ROUTINE ANY TIME ABLISHI HNS	E INSPE E LIMITS MENT I VAF	CTION, OR SU S FOR CORRE NAME: FLE&PAI	ICH SHORTER PEI CTIONS SPECIFIE NCAKE HO	OWNER:	S MAY BE	SPECI ESULT	FIED IN CE	IN WE	ITING BY	THE RE	R FACILITIES WHICH M EGULATORY AUTHORIT OD OPERATIONS. PERSON IN C COUNTY: 06	TY. FAILURE T	O COM	PLY
ESTABLISHENT TYPE BAKETY BAKET	ADDRESS: 424 INDEPENDENCE AVE							FAX:							٦.	
Pre-oping	ESTABLISHMENT TYPE							25	P.H. PRIORITY: H M L L						<u> </u>	
Proceponing Routine Followup Compaint Other	□ BAKERY □ C. STORE □ CATERER □ DELI □ GROCERY STORE □ INSTITUTION □ MOE ■ RESTAURANT □ SCHOOL □ SENIOR CENTER □ SUMMER F.P. □ TAVERN □ TEMP.FOOD									☐ MOBILE	VENDO	ORS				
Disapproved Disapproved PUBLIC PRIVATE COMMUNITY NON-COMMUNITY PRIVATE Results PRIVATE																
Biblis factors are food preparation practices and employee behaviors most commonly reported to the Certein for Disease Control and Prevention as contributing factors in Bootschemic Residual Process control and Prevention as control and prevention and	□ Ap	□ Approved □ Disapproved □ PUBLIC □ PRIVATE □ COMMUNITY □ NON-COMMUNITY □ PRIVATE Date Sampled Results														
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Water and ice from approved source X	IN	OUT	Deeter				cos	R	IN						cos	R
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MO 580-1814 (9:13) DISTRIBUTION: WHITE – OWNER'S COPY CANARY – FILE COPY E6.37		11	hus	1/h 1	Ph	573	8-888-9	800			1647		Follow-up: Follow-up Date:	Yes		



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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ESTABLISHME JOHNS	WAFFLE&PANCAKE HO	ADDRESS 424 INDEPENDE	NCE AVE	KENNETT, MO 63	857				
F	OOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PROD	DUCT/ LOCATION	TEMP	TEMP. in ° F			
Т	omato/Salad Prep TABLE	39	WALKI	N FREEZER	10				
H	HAM/ SALAD PREP TABLE	38							
BA	CON/ SALAD PREP TA BLE	38	WALK	IN COOLER	3	16			
SAU	SAGE/ SALAD PREP TABLE	39				-			
Code Reference	Priority items contribute directly to the elim or injury. These items MUST RECEIVE IN	zards associated with foodborne illness	Correct by (date)	Initial					
4-601.11A	CAN OPENER SOILED WITH FOOD	AND DEBRI, CLEAN ANI	SANITIZE		2/01/19	1/2			
4-601.11A	MEAT SLICER SOILED WITH MEAT	AND DEBRI, CLEAN AND) SANITIZE		2/01/19	NR			
4-101.11	OBSERVED DRY GOODS STORED				2/01/19	NK			
4-601.11A	ICE MAKER BAFFLE SOILED WITH				2/01/19	NE			
3-501.17		ED SEVERAL TYPES OF FOOD NOT DATED (INCLUED COOKED SAUSAGE, BACON, HAM, EGGS, CHICKE IS, CHILI, VEGETABLE SOUP, MUST BE PROPERLY DATED							
3-302.11	OBSERVED FOOD IN WALK IN COC			CONTABBIATION	2/04/40	02			
7-202.11	OBSERVED BOTTLE OF ANTIFR			CONTAMINATION	2/01/19				
4-601.11A				D AND DEDDI CLEAN AND	2/01/19	cosp			
3-501.17				D AND DEBRI, CLEAN AND		NR			
2-102.11	PERSON IN CHARGE NOT DEM			E DATING AND LABELING	2/01/19	WE			
Code Reference	Core items relate to general sanitation, ope	CORE ITE	tructures, equipment design,	general maintenance or sanitation	Correct by (date)	Initial			
3-501.13	standard operating procedures (SSOPs). 1 OBSERVED IMPROPER THAWII	THE RESIDENCE OF SHARP AND ADDRESS OF SHAPE OF S	TOTAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T	Annual contract of the contrac	2/01/10	100			
	METHODS	TO (O/TOO/TOE OITTE	OOKINTIALLIVATI	OCT COLTROLER MANNE	2/01/19	M			
3-305.11	FOOD STORED ON FLOOR IN WALI	CIN FREEZER MUST BE	ATLEAST BINCHES O	FF OF FLOOR	2/01/19	NR			
3-305.11	SAUSAGE STORED ON FLOOR IN		2/01/19	0.87					
3-302.12	FOOD READY TO EAT, STORE				2/01/19	100			
5-501.15	DUMPSTER LIDS OPENED, MUST				2/01/19	NE			
6-601.11	HAND WASHING SINK IN KITCHE		REA ARE LEAKING, M	UST MAINTAIN IN GOOD REF		NE			
-601.11C	OBSERVED SEVERAL SHELVES				2/01/19	NE			
-601.11C	SYRUP LEAKING ONTO FLOOR F	ROM FOUTAIN BOXES	, CLEAN AND SANIZ	E	2/01/19	NR			
-302.14	NO TEST STRIPS FOR SANITIZER	R IN 3 VAT SINK			2/01/19	ME			
					PROFESSION				
		EDUCATION PROVI	DED OR COMMENTS						
Person in Ch	harge /Title:			Date: 01/29/20	10				
nspector:	Dental	Telephone No.	EDUON						
	hab ph I ha	Telephone No. 573-888-900	8 EPHS No. 1647	Follow-up: Follow-up Date:	Yes	□ No			
O 580-1814 (9-12)	Dis	TRIBUTION: WHITE - OWNER'S COP	CANARY - FILE C			F6.37A			