



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

TIME IN 1440	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: PIZZA HUT		OWNER: NATIONAL PIZZA CORP.		PERSON IN CHARGE: JUSTIN MEDLIN (GM)	
ADDRESS: P.O. BOX 217 BUSINESS HWY 25				COUNTY: 069	
CITY/ZIP: MALDEN, MO 63863		PHONE: 573-276-5101		FAX:	
P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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 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	
License No. NA		Date Sampled		Results	

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 N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT 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	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	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		
<input checked="" type="checkbox"/> OUT	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 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 N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN	<input checked="" type="checkbox"/> N/A						
IN	<input checked="" type="checkbox"/> N/A						
IN	OUT						
	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		
		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		
		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: JUSTIN MEDLIN (GM)		Date: 01/31/2019	
Inspector: <i>Charles D. [Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 02/31/2019	

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ESTABLISHMENT NAME PIZZA HUT		ADDRESS P.O.BOX 217 BUSINESS HWY 25		CITY /ZIP MALDEN, MO 63863
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
EGGS/BUFFET		40	MARINARA/ HOT HOLD	160
LETTUCE/BUFFET		39	PEPERONI/ PREP LINE	38
ONION/BUFFET		40	HAM/PREP LINE	37
COTTAGE CHEESE/BUFFET		37	SAUSAGE/PREP LINE	39
BLUE CHEESE/ BUFFET		38	MCCALL DOUGH COOLER	38
Code Reference	PRIORITY ITEMS <small>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.</small>			Correct by (date)
4-601.11A	PAINT CHIPPING AND PEELING ON VENT HOOD OVER PIZZA OVEN.; POSSIBLE CONTAMINATION DUE TO DRIPPI			2/04/2019
	FOOD CONTACT SURFACES, REPAIR OR REPLACE			
5-403.11	MOP WATER BE DUMPED OUTSIDE. MOP WATER SHOULD GO INTO SEPTIC SYSTEM.			02/04/2019
4-601.11A	BAKING PANS ENCRUSTED WITH BAKED FOOD AND DEBRI, FOOD CONTACT SURFACES SHALL BE CLEANED SICK			02/04/2019
	TOUCH, CLEAN OR REPLACE.			
3-302.11A4	GARLIC BUTTER UNCOVERED IN PREP LINE WITH THE RISK OF CONTAMINATION, KEEP ALL FOOT			02/04/2019
	COVERED			
Code Reference	CORE ITEMS <small>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.</small>			Correct by (date)
4-204.112	THERMOMETERS MISSING FROM WALK-IN COOLER AND KENMORE FRIDGE			02/31/19
6-201.13	NO COVING THROUGHOUT KITCHEN AREA, JUNCTION BETWEEN WALLS AND FLOORS SOILED WITH FOOD A			02/31/2019
	DEBRI; FLOOR AND WALL JUNCTURES SHALL BE COVERED AND CLOSED TO NO LARGER THAN ONE THIRD SECOND INCH.			
5-203.13	NO MOP SINK, MUST HAVE 1 SERVICE SINK EQUIPPED WITH HOT AND COLD WATERAND A FLOOR DRA			02/31/2019
	SHALL BE PROVIDED FOR THE CLEANING OF MOPS.			
6-501.11	OBSERVED BOTTOM SHELF OF DISH TABLE WITH RUST AND DEBRI BUILD UP, REPAIR OR REPLACE			02/31/2019
EDUCATION PROVIDED OR COMMENTS				
DISCUSSED WITH MANAGEMENT (IF THERE IS ANY MODIFICATIONS TO 3VAT SINK AND AIR GAP MUST BE PLACED)				
NRI= NEXT ROUTINE INSPECTION				
Person in Charge /Title:				Date:
JUSTIN MEDLIN (GM) [Signature]				01/31/2019
Inspector:	[Signature]	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: [X] Yes [] No Follow-up Date: 02/31/2019