



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

TIME IN 900 TIME OUT 1230  
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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>D&amp;R McCormick's Steak House</b>		OWNER: <b>DEBORAH REEVES &amp; RITA BECK</b>		PERSON IN CHARGE: <b>RITA BECK</b>	
ADDRESS: <b>305 INDEPENDENCE AVE</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>KENNETT, MO 63857</b>		PHONE: <b>573-888-4909</b>	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 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"/> MOBILE VENDORS
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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. <b>NA</b>				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			IN OUT <input checked="" type="checkbox"/> 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			IN OUT <input checked="" type="checkbox"/> 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			IN <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/> 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						
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						

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

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
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
	<input checked="" type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Approved thawing methods used			<input checked="" type="checkbox"/>		Gloves used properly		
	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>		Utensils, Equipment and Vending		
		Food Identification				<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
	<input checked="" type="checkbox"/>	Food properly labeled; original container				<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Physical Facilities		
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
					<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge /Title: **RITA BECK** *Rita Beck* Date: **03/26/2019**  
 Inspector: *Cheryl Dill* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
 Follow-up Date: **04/10/2019**

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FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Traulsen 3 door cooler		48	Lettuce/Kitchen Prep Cooler		40 RB	
Kenmore Freezer		10	EGGS/Counter top		60 RB	
Green Beans/Hot Hold		135	Gravy/Hot HOLD		145 RB	
Corn/Hot Hold		175	Silver Cooler in Kitchen		45 RB	
Tomatoes/Kitchen Prep Cooler		40	Walk in Cooler		40 RB	
Code Reference	<b>PRIORITY ITEMS</b> 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
3-501.16A	Cut Tomatoes, Lettuce, olives and multiple varieties of salad bar food not held below 41 degrees in Traulsen 3 door				03/29/19	RB
3-501.16A	Raw eggs on Counter with temp of 60 degrees, must be maintained at 45 degrees or lower.				03/29/19	RB
4-601.11A	Can opener soiled with food and debris, clean and sanitize				03/29/19	RB
4-601.11A	Cutting boards in Kitchen heavily scarred, repair or replace				03/29/19	RB
4-202.11	Lids on Dry good containers cracked and busted, repair or replace				03/29/19	RB
5-203.11	No hand washing sink in kitchen area				03/29/19	RB
4-601.11A	Dust and grease accumulation hanging from ceiling over kitchen prep areas, clean and sanitize				03/29/19	RB
3-302.11A4	Items in freezer uncover with the risk of cross contamination				03/29/19	RB
3-302.11A4	Corn Bread rolls uncovered with the risk of contamination				03/29/19	RB
3-501.17	Multiple items throughout all coolers not dated (ham, tomatoes, potato salad, coleslaw, salmon mixture,				03/29/19	RB
Code Reference	<b>CORE ITEMS</b> 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
3-302.12	Multiple containers throughout facility storing dry goods and not properly labeled				03/29/19	RB
4-101.19	Contact paper on wooden shelves in storage room				03/29/19	RB
4-101.19	Wooden Shelves in Storage room have paint peeling, repair				03/29/19	RB
3-302.11	Raw ground beef above whole muscle beef				03/29/19	RB
6-501.11	multiple ceiling tiles (wet, sagging or cracked throughout facility. repair or replace				03/29/19	RB
4-601.11C	Floors behind equipment soiled with food and debris clean and sanitize				03/29/19	RB
4-204.112	Thermometers missing from multiple locations in facility				03/29/19	RB
5-501.113	Dumpster lids open,				03/29/19	RB
4-601.11C	Multiple vents throughout facility soiled with dust and debris, clean and sanitize				03/29/19	RB
6-202.14	Self closures in employees restrooms broke, repair or replace				03/29/19	RB
4-601.11C	Multiple coolers and freezers soiled with food and debris, clean and sanitize				03/29/19	RB
3-305.11	Food on floor in walk in cooler and freezer, must be at least 6 inches off the floor				03/29/19	RB
4-601.11C	Walk in cooler and freezer floors soiled with food and debris, clean and sanitize				03/29/19	RB
6-302.11	Toilet paper and paper towels not hung on dispensing rolls				03/29/19	RB
6-501.114	Multiple items on shelves in kitchen cover in dust and debris, clean and remove unnecessary items				03/29/19	RB
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title: <b>RITA BECK &amp; Rita Beck</b>					Date: <b>03/26/2019</b>	
Inspector: <i>Chad Beck</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: <b>04/10/2019</b>		

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