



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

TIME IN 1345 TIME OUT 1600
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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: MALDEN COUNTRY CLUB		OWNER: MALDEN COUNTRY CLUB CORP.		PERSON IN CHARGE: TERRY MCDONALD	
ADDRESS: P.O. BOX 291 MALDEN INDUSTRIAL DRIVE				COUNTY: 069	
CITY/ZIP: MALDEN, MO 63863		PHONE: 573-276-9991	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 type="checkbox"/> Routine <input checked="" 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. <u>NA</u>		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											
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				IN	OUT	<input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	<input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
Good Hygienic Practices											
<input checked="" type="checkbox"/>	OUT	N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT	N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/>	OUT	N/A	Proper cold holding temperatures		
Preventing Contamination by Hands											
<input checked="" type="checkbox"/>	OUT	N/O	Hands clean and properly washed			<input checked="" type="checkbox"/>	OUT	N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/>	OUT	N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	OUT		Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	N/A	Consumer Advisory		
Approved Source											
<input checked="" type="checkbox"/>	OUT		Food obtained from approved source			<input checked="" type="checkbox"/>	OUT	N/A	Consumer advisory provided for raw or undercooked food		
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT		Highly Susceptible Populations		
			Food received at proper temperature						Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	OUT		Food in good condition, safe and unadulterated						Chemical		
IN	OUT	N/O	<input checked="" type="checkbox"/>			IN	OUT	<input checked="" type="checkbox"/>	Food additives: approved and properly used		
			Required records available: shellstock tags, parasite destruction						Toxic substances properly identified, stored and used		
Protection from Contamination											
<input checked="" type="checkbox"/>	OUT	N/A	Food separated and protected			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					
<input checked="" type="checkbox"/>	OUT	N/A	Food-contact surfaces cleaned & sanitized								
IN	OUT	<input checked="" type="checkbox"/>	N/A								
			Proper disposition of returned, previously served, reconditioned, and unsafe food						Conformance with Approved Procedures		
						IN	OUT	<input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		

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			
Food Temperature Control											
<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 properly labeled; original container				<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
Prevention of Food Contamination											
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>		Physical Facilities			
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
						<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			
						<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: **TERRY MCDONALD** *Terry McDonald* Date: **03/29/2019**

Inspector: *Chris Presler* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____



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ESTABLISHMENT NAME MALDEN COUNTRY CLUB		ADDRESS P.O. BOX 291 MALDEN INDUSTRIAL		CITY / ZIP MALDEN, MO 63863	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
KENMORE FRONT		39	TRUE REFRIGERATOR		40
WHIRLPOOL CHEST FREEZER		5	BEER SERVING COOLERS (NORTH)		40
SLICED TOMATOES/ PREP COOLER		40	BEER SERVING COOLER (SOUTH)		30
DICED TOMATOES/PREP COOLER		39			
LETTUCE/PREP COOLER		38			

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)	Initial
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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)	Initial
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ALL PREVIOUS PRIORITIES AND CORES CORRECTED FROM INSPECTION 02/22/2019

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: TERRY MCDONALD <i>Terry McDonald</i>			Date: 03/29/2019
Inspector: <i>Chari Lester</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No