



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

TIME IN 1300	TIME OUT 1430
PAGE 1 of 2	

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: KENTUCKY FRIED CHICKEN		OWNER: FOWLER FOODS	PERSON IN CHARGE: Wanda Crowe, MGR
ADDRESS: 415 INDEPENDENCE AVE		COUNTY: 069	
CITY/ZIP: KENNETT, MO 63857	PHONE: 573-888-5662	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 checked="" 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	
License No. NA		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE 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 <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding				
<input checked="" type="checkbox"/> OUT	Management awareness; policy present					<input checked="" type="checkbox"/> OUT N/O 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 <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				
<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 <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					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					
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected										
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized										
IN OUT <input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food										

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

Person in Charge / Title: Wanda Crowe, MGR		Date: 12/30/2019	
Inspector: <i>Chapman DR</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	



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PAGE 2 of 2	

ESTABLISHMENT NAME KENTUCKY FRIED CHICKEN						ADDRESS 415 INDEPENDENCE AVE							CITY /ZIP KENNETT, MO 63857														
FOOD PRODUCT/LOCATION									TEMP. in ° F					FOOD PRODUCT/ LOCATION									TEMP. in ° F				
Chicken Strips/Warmer									148																		
PRIORITY ITEMS																											
Code Reference		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							
CORE ITEMS																											
Code Reference		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							
6-501.11		COVING MISSING THROUGHOUT AREAS IN KITCHEN, MUST MAINTAIN IN GOOD REPAIR																NRI		KLC							
6-501.11		DAMAGED WALLS AND DOORS IN REAR WALK IN COOLER, KEEP SURFACES SMOOTH ANS EASILY C																NRI		XWC							
6-501.11		3 vat sink leaking, repair																NRI		JHC							
4-601.11A		Black residue on ceiling and walls in all walk in coolers, wash rinse and sanitize																NRI		XKC							
4-601.11C		Fans soiled with black residue in rear walk in cooler																NRI		XWC							
NRI		Next Routine Inspection (Air Gap placed back onto 2 bay sink)																									
EDUCATION PROVIDED OR COMMENTS																											
Person in Charge /Title:										Date:																	
Wanda Crowe, MGR + Wanda Crowe										12/30/2019																	
Inspector: [Signature]					Telephone No. 573-888-9008					EPHS No. 1647					Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
															Follow-up Date:												