

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

TIME IN 900			TIME OUT 1050			
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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: HOYTS CATFISH POND OWNER: IVY WOOLI								IVY WOOLDRIDGE			
ADDRESS: HWY 164								COUNTY: 06	9		
CITY/ZIP: CARDWELL MO 63829 PHONE: 573-654-3937		PHONE: 573-654-3937		FAX:				P.H. PRIORITY: H M L] L
ESTABLISHMENT TYPE BAKERY C, STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS TEMP.FOOD MOBILE VENDORS							S				
PURPOSE Pre-opening Routine Follow-up Complaint Other											
FROZEN DESSERT Approved Disapproved PUBLIC PRIVATE COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results											
License No. NA 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 Petranially Hazandous Fronts: COS					S R			
and performs duties		i i		IN OUT NO IN/A				heating procedures for hot holding			
OUT	Management awareness; policy p	resent		IN OUT No N/A Proper cooling time and temperatures							
OUT Proper use of reporting, restriction and exclusion Bood Hygiesia Protition				OUT N/A Proper cold holding temperatures							
OUT N/O	Proper eating, testing, drinking or No discharge from eyes, nose and					N/O N/A	Time as a	public health contro	I (procedures /		
	Preventing Contain habbe						records)	Care Les Adv	sory:		
OUT N/O	N/O Hands clean and properly washed			undercook			undercook	r advisory provided for raw or ked food			
OUT N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed								irhiy Susrepi Me Pi			
OUT Adequate handwashing facilities supplied & accessible				OUT N/O N/A Pasteurized foods used, prohibited foods not offered							
Approved Source OUT Food obtained from approved source			OUT N/A Food additives: approved and properly used								
IN OUT N N/A Food received at proper temperature			OUT Toxic substances properly identified, stored and used								
OUT Food in good condition, safe and unadulterated				Compliance With Approved Propedures Compliance With approved Specialized Process							
IN OUT N/O No Required records available: shellstock tags, parasite destruction				iN	OUT		and HAC				
Proteston from Centervilleston 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							
OUT N/A	OUT N/A Food-contact surfaces cleaned & sanitized			Inspection. IN = in compliance OUT = not in compliance							
IN OUT	NOUT NO Proper disposition of returned, previously served, reconditioned, and unsafe food N/A = not applicable N/O = not observed										
	Good Retail Practices are preventa	GOOD A				ogens, che	emicals, an	d chysical objects in	to foods.		
IN DUT	Scape Sign is and Wale :		R	IN	TUC		Pr	oper Usa of Utensils		COS	R
Mate	X Pasteurized eggs used where required Mater and ice from approved source			×		Utensils,	equipment	perly stored and linens: properly	y stored, dried,	1	
× Viata and the first epipervalue states				X			se/single-se	ervice articles: prope	erly stored, used		
Adequate equipment for temperature control Approved thewing methods used		trol		×		Gloves u	sed proper Ubansils	ly Equiposent pod Ve	adimp		
Approved trawing meanage used Thermometers provided and accurate				×		Food and	Utanistis, Equipment and Vending od and nonfood-contact surfaces cleanable, properly signed, constructed, and used				
Flood Identification				×		Warewas strips us	shing facilit	ies: installed, mainta	ined, used; test		
X Food properly labeled; original container						Nonfood	-contact su	rfaces clean			
Freverille's of Food Contamination Insects, rodents, and animals not present				X Hot and cold water available; adequate pressure							
X Contamination prevented during food preparation, storage and display				×		·		proper backflow dev			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					×			water properly dispo-			
Wiping cloths: properly used and stored Fruits and vegetables washed before use				×	×			erly constructed, su perly disposed; facili			
X Physical facilities installed, maintained, and clean											
Person in Charge /Title: IVY WOOLDRIDGE Well a Date: 06/09/2020											
Inspector. Telephone No. 573-888-9008 Septimental Distribution: White-owners copy CANARY - File Copy CANARY - File Copy CANARY - File Copy CANARY - File Copy Ea.37											



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ESTABLISHMENT NAME HOYTS CATFISH POND		ADDRESS HWY 164	CITY/ZIP CARDWE	RDWELL MO 63829			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP	TEMP. in " F		
	Frigidaire Pepsi	38 38					
	WhiriPool	37					
	lkyliL	38					
C**		PRIORITY	TEMS	Correct by	/ inital		
Reference	Priority lane startillate directly to the or minor These tiens MUST RECE	VE IMMEDIATE ACTION WITH BLZ	n bu an acceptable level, hazards ascociated with fo Hours or as stated.	podowne Brieds (CATE)			
5-403.11	mop water must be dumped in s	ink dedicated to wastewater onl	у	NRI '	Tu		
					-		
Code Reference	Core items relate to general satisfation	oropeyadari keringan	drainte sus enaugment des per general maintenance	Correct by crammature (cate)	, limia		
	standard operating procedures (SSC	#s). These items are to be correc	ted by the next regular inspection or as stated.	NRI	,		
5-203.13 6-202.14	No mop sink for mop water No self closing doors to restr	noms		NRI	Tue		
6-304.11	No mechanical ventilation in res			NRI	Tw		
					7.3		
					-		
NRI	Next Routine Inspection						
INIXI	Next Roddine Hispection						
				·			
		EDUCATION PROV	DED OR COMMENTS				
Darenn in f	Charge /Title: IVY WOOLDR	1707 0) Date:	20/20/2022			
	06/09/2020						
Inspector	Welche DE	5/3-888-900	EPHS No. Follow	w-up: W-up Date: W-up Date:	☑ No		