



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

TIME IN 830 TIME OUT 1100
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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: Vondys Cafe		OWNER: Yvonda Goldsmith		PERSON IN CHARGE: Yvonda Goldsmith	
ADDRESS: 516 E Grande				COUNTY: Dunklin	
CITY/ZIP: Campbell, MO 63933		PHONE: 573-217-2147	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		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	
License No. _____					

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			IN	OUT	<input checked="" type="checkbox"/>	N/A	Person in charge present, demonstrates knowledge, and performs duties	Proper cooking, time and temperature
<input checked="" type="checkbox"/>	OUT			IN	OUT	<input checked="" type="checkbox"/>	N/A	Management awareness; policy present	Proper reheating procedures for hot holding
<input checked="" type="checkbox"/>	OUT			IN	OUT	<input checked="" type="checkbox"/>	N/A	Proper use of reporting, restriction and exclusion	Proper cooling time and temperatures
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	<input checked="" type="checkbox"/>	N/A	Proper eating, testing, drinking or tobacco use	Proper hot holding temperatures
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	<input checked="" type="checkbox"/>	N/A	No discharge from eyes, nose and mouth	Proper cold holding temperatures
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	<input checked="" type="checkbox"/>	N/A	Hands clean and properly washed	Proper date marking and disposition
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	<input checked="" type="checkbox"/>	N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Time as a public health control (procedures / records)
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/O	N/A	Adequate handwashing facilities supplied & accessible	Consumer advisory provided for raw or undercooked food
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	N/A	Food obtained from approved source	Pasteurized foods used, prohibited foods not offered
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	N/A	Food received at proper temperature	Food additives: approved and properly used
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	N/A	Food in good condition, safe and unadulterated	Toxic substances properly identified, stored and used
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	N/A	Required records available: shellstock tags, parasite destruction	Compliance with approved Specialized Process and HACCP plan
<input checked="" type="checkbox"/>	OUT	N/A		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				Proper separation and protection	
<input checked="" type="checkbox"/>	OUT	N/A						Food-contact surfaces cleaned & sanitized	
<input checked="" type="checkbox"/>	OUT	N/A						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		
<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"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<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		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<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"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>		<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"/>	
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Yvonda Goldsmith** Date: **08/11/2020**

Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No

Follow-up Date: _____

