



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

TIME IN 1000	TIME OUT 1130
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: <b>Infinity Nutrition, LLC</b>		OWNER: <b>Taylor Lawson</b>		PERSON IN CHARGE: <b>Taylor Lawson</b>	
ADDRESS: <b>1029 1st Street</b>				COUNTY: <b>Dunklin</b>	
CITY/ZIP: <b>Kennett, MO 63857</b>		PHONE: <b>573-919-8199</b>		FAX:	
				P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 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 checked="" type="checkbox"/> Pre-opening <input 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	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Consumer Advisory		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Approved Source			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food obtained from approved source			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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 OUT = not in compliance N/A = not applicable			
<input checked="" type="checkbox"/> OUT	Food separated and protected						
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food Temperature Control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vessels		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food Identification			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention of Food Contamination			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <b>Taylor Lawson</b>		Date: <b>08/14/2020</b>	
Inspector: <i>[Signature]</i>	Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	



PAGE 2 of 2

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