

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

TIME IN	90	0	TIME OUT 1030			
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NEXT ROUTINE IN	<b>NSPEC</b>	TION, OR SU	CHISHORTER PER	IOD OF TIME AS MA	AY BE SPEC	IFIED I	N WRIT	I'ING BY T	HE REG	FACILITIES WHICH N ULATORY AUTHORI COPERATIONS	MUST BE CORRECTLY. FAILURE TO	TED BY	THE Y
WENDY'S ME				OWNER:							PERSON IN CHARGE: Tina Snipes		
ADDRESS: 1320 FIRST STREET									COUNTY: 06	COUNTY: 069			
CITY/ZIP: KENNETT, MO 63857 PHONE: 573-888-3538				5	FAX:				P.H. PRIORI	P.H. PRIORITY: H M L			
■ RESTAURANT □ SCHOOL □ SENIOR CENTER □ S				R DEL	I ☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDOR MER F.P. ☐ TAVERN ☐ TEMP.FOOD						ENDORS	S	
PURPOSE Pre-opening	)	■ Routine	☐ Follow-up	☐ Complaint ☐	Other								
FROZEN DESS Approved License No. 069-	Disa		SEWAGE DISPO	DSAL PRIVATE	1000	COMM				OMMUNITY Sampled	☐ PRIVATE Results		_
License No. 308-	10000			RISK FAC	TORS AND	INTE	WENT	TIONS					
Risk factors are	food pr	reparation pra	ctices and employee	behaviors most con	monly report	ed to th	e Cente	ers for Dis	ease Cor	itrol and Prevention a	as contributing facto	rs in	
Compliance	outbre		eaith interventions lemanstration of Kri	are control measure: wiledge:	COS R		npliance			Petentia y Hazani	cus Foods	cos	R
■ OU	Person in charge present, demons			strates knowledge.		OUT N/O N/A			Proper	Proper cooking, time and temperature			
				ØI				N/A					
	OUT Management awa OUT Proper use of rep		awareness; policy proporting restriction	awareness; policy present reporting, restriction and exclusion							ling time and temperatures holding temperatures		
			Bood Hypenis Pra	clices:		IN	de l	N/A N/O N/A		cold holding tempera date marking and dis			
	OUT N/O Proper setting, testing, drinking or to OUT N/O No discharge from eyes, nose and						V/O N	Time as	a public health conti	rel (procedures /			
001	IV/O	yavd:	antino Contantinatio	n by hands		+			records	) Consumer 48	9isony		
OUT !	Hands clean and properly washed					IN OUT N Consume			underco	ter advisory provided poked food			
			No bare hand contact with ready-to-eat foods or							Highly Suscept Me I	Highly Susceptible Populations		
■ on.	approved alternate method proper  Adequate handwashing facilities s				OUT N/O N//			Pasteurized foods used, prohibited foods not offered					
		accessible	Approved Soun							Chieraca			
	OUT Food obtained from approved source  NOUT NO N/A Food received at proper temperature			"			ditives: approved and properly used ostences properly identified, stored and						
IN C	г		condition, safe and			Conformance with Approved Procedures							
IN OUT N/O	All A	destruction	ords available: shell:		N.	IN OUT Compliance with approved Specialized Process and HACCP plan							
TUO I	N/A		ed and protected	HIROTOT				the left of	each ite	m indicates that item	's status at the time	ofthe	
	N/A	Food-contact	surfaces cleaned &	sanitized		inspection. IN = in compliance OUT = not in compliance					compliance		
	NED)	Proper dispos	sition of returned, pr	eviously served,		N/A = not applicable N/O = not observed							
				GC									
IN OUT		Good Retail P	actices are preventa te Food and Water	itive measures to con	ntrol the intro	duction	of path OUT	ogens, che	emicals, a	and physical objects i Proper Use of Litensi	into foods.	COS	R
X	Pasteu	ırized eggs usı	ed where required			×		in-use u	tensils: p	roperly stored			
×	Water	and ice from a	pproved source			×		handled		ent and linens: proper			
			Temperature Calvin			X			se/single	-service articles: prop	perly stored, used		
×	Approv	ate equipment red thawing m	for temperature cor ethods used	itrol		×			Utens	ils. Englappeit and V	ending		
	Thermometers provided and accurate				×				d-contact surfaces cla acted, and used	eanable, properly			
			ood Ideratification			×		Warewa	shing fac	ilities: installed, main	tained, Used; test		
×	Food r	roperly labele	d; original container				×	strips us Nonfood	-contact	surfaces clean			
Prevention of Food Contemination				, .			Physics Eschies						
X Insects, rodents, and animals not present Contamination prevented during food preparation, storage					×		Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices						
and display  Parsonal cleanliness: clean outer dothing, hair restraint.						Source and wastewater preperly disposed					-		
X fingernalis and jewelry						^				-			
Wiping cloths: properly used and stored     Fruits and vegetables washed before use					X		Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained						
						×		Physical		Installed, maintained			L
Person in Char	rge /Ti	<sup>tte:</sup> Tina S	Snipes	12						Date: 09/15/20	)20		
Inspector.	1/1	LPK	2		none No. 388-9008		-	EPHS No 1647		Follow-up: Follow-up Date:	☐ Yes	√ 1     ← 1     ← 1	10
MO 580-1914 (0-13)	2			DISTRIBUTION: WHITE-	- OWNER'S COP	Y		CANARY - FI	LE COPY				E5.37



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TIME IN 900 TIME OUT 1030

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ESTABLISHMEN' WENDY'	T NAME S	ADDRESS 1320 FIRST STRE	T,MO 63857				
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in " F			
CI	HILI/ WARMER TABLE	1565	Bacon/Warmer	145			
	Raw Shelled Eggs	63	Gravy/Warmer	148			
	ICE CREAM TO GO	34	Salad Cooler Prepped Salads/CounterTop	35			
	Walk in Freezer	10	40				
	TURBO AIR FREEZER	-1	WALK IN COOLER	35 Correct by Initial			
Code Reference	Priority items contribute directly to the principly. These items MUST RECE	PRIORITY I E S 1741 ABON, prevention or reduction IVE IMMEDIATE ACTION with B 72	n to an acceptable level, hazards associated with	Cochorne Mirets (date)			
3-501.16B	Raw whole shell eggs stored in page 2015.	orep line, top case tempt at 50, v		cos			
Code Reference	Core items relate to general sanifati	CORE ITE or operational controls, facilities or s PSI. These items are to be correct	MS ductures, equipment design general maintanance ted by the next regular inspection or as stated	corsanifation (date) initial			
4-601.11C	Grease leaking onto floor fro			NRI GR			
6-501.11	Rear hand sink faucet leaking	g (repair or replace)		NRI CR			
6-501.11	Gasket on turbo freezer torn, re	oair		NRI CL			
		EDUCATION PROV	DED OR COMMENTS				
Person in Ch	narge /Title: Tina Snipes		Date	Date: 09/15/2020			
Inspector:	aldu Old	Telephone No 573-888-900 DISTRIBUTION: WHITE - OWNER'S COL	. EPHS No. Follo 08 1647 Follo	ow-up: ☐ Yes ☑ No ow-up Date:			