



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

TIME IN 1100 TIME OUT 1200
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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: **Smacking and Smiling Pit BBQ** OWNER: **Julius Burnett** PERSON IN CHARGE: **Julius Burnett**
ADDRESS: **108 St. Francis Street** COUNTY: **Dunklin**
CITY/ZIP: **Kennett, MO 63857** PHONE: **573-559-5968** FAX: P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT Approved Disapproved SEWAGE DISPOSAL PUBLIC PRIVATE WATER SUPPLY 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	Element/Requirement	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Employee Health Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
IN OUT <input checked="" type="checkbox"/> N/A	Good Hygienic Practices Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/A	Proper hot holding temperatures		
IN OUT <input checked="" type="checkbox"/> N/A	No discharge from eyes, nose and mouth			IN OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
IN OUT <input checked="" type="checkbox"/> N/A	Preventing Contamination by Hands Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
IN OUT <input checked="" type="checkbox"/> N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Approved Source Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Highly Susceptible Populations Pasteurized foods used, prohibited foods not offered		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Chemical Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
IN OUT <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/> N/A	Conformance with Approved Procedures Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT N/A	Prevention from Contamination Food separated and protected			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			
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/> 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	Element/Requirement	COS	R	IN	OUT	Element/Requirement	COS	R
X		Safe Food and Water Pasteurized eggs used where required			X		Proper Use of Utensils In-use utensils: properly stored		
X		Water and ice from approved source			X		Utensils, equipment and linens: properly stored, dried, handled		
X		Food Temperature Control Adequate equipment for temperature control			X		Single-use/single-service articles: properly stored, used		
X		Approved thawing methods used			X		Gloves used properly		
X		Thermometers provided and accurate			X		Utensils, Equipment and Warehousing Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food Identification Food properly labeled; original container			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Prevention of Food Contamination Insects, rodents, and animals not present			X		Nonfood-contact surfaces clean		
X		Contamination prevented during food preparation, storage and display			X		Physical Facilities Hot and cold water available; adequate pressure		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Plumbing installed; proper backflow devices		
X		Wiping cloths: properly used and stored			X		Sewage and wastewater properly disposed		
X		Fruits and vegetables washed before use			X		Toilet facilities: properly constructed, supplied, cleaned		
X					X		Garbage/refuse properly disposed; facilities maintained		
X					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Julius Burnett** *Julius Burnett* Date: **09/16/2020**
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____

