



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

TIME IN 830 TIME OUT 1030  
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: **MR CHAN DONUTS** OWNER: **TRY CHAN** PERSON IN CHARGE: **TRY CHAN**  
ADDRESS: **712 FIRST STREET** CITY/ZIP: **KENNETT, MO 63857** PHONE: **325-725-6289** FAX: P.H. PRIORITY:  H  M  L

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

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:

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  | CCS | R | Compliance                                     | Potentially Hazardous Foods                                 | CCS | 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   |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present  |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion  |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures                             |     |   |
| <input checked="" type="checkbox"/> OUT | Basic Hygiene Practices   |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT | Proper eating, testing, drinking or tobacco use   |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> OUT | No discharge from eyes, nose and mouth  |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records)      |     |   |
| <input checked="" type="checkbox"/> OUT | Preventing Contamination by Hands   |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> OUT | Hands clean and properly washed   |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Highly Susceptible Populations                              |     |   |
| <input checked="" type="checkbox"/> OUT | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered        |     |   |
| <input checked="" type="checkbox"/> IN  | Adequate handwashing facilities supplied & accessible                                       |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Chemicals   |     |   |
| <input checked="" type="checkbox"/> OUT | Approved Source   |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> IN  | Food obtained from approved source  |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN  | Food received at proper temperature   |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Compliance with Approved Procedures                         |     |   |
| <input checked="" type="checkbox"/> IN  | Food in good condition, safe and unadulterated  |     |   | IN OUT <input checked="" type="checkbox"/> N/A | Compliance with approved Specialized Process and HACCP plan |     |   |
| <input checked="" type="checkbox"/> IN  | Required records available: shellstock tags, parasite destruction                           |     |   | IN OUT <input checked="" type="checkbox"/> N/A |   |     |   |
| <input checked="" type="checkbox"/> IN  | Protection from Contamination   |     |   |  |   |     |   |
| <input checked="" type="checkbox"/> IN  | Food separated and protected  |     |   |  |   |     |   |
| <input checked="" type="checkbox"/> IN  | Food-contact surfaces cleaned & sanitized   |     |   |  |   |     |   |
| <input checked="" type="checkbox"/> IN  | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |  |   |     |   |

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

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   | CCS | R | IN                                  | OUT                                 | Proper Use of Utensils  | CCS | R |
|-------------------------------------|-------------------------------------|---|-----|---|-------------------------------------|-------------------------------------|---|-----|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized eggs used where required  |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Water and ice from approved source  |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Food Temperature Control  |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Adequate equipment for temperature control  |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Utensils, Equipment and Linens  |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Thermometers provided and accurate  |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Food Identification   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Food properly labeled; original container   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Prevention of Food Contamination  |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Physical Facilities   |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Wiping cloths: properly used and stored   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Fruits and vegetables washed before use   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained                               |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

Person in Charge / Title: **TRY CHAN** Date: **09/21/2020**  
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
Follow-up Date: **9/30/2020**



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|             |               |
|-------------|---------------|
| TIME IN 830 | TIME OUT 1030 |
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|   |  |                                    |                       |                                      |              |
|---|--|------------------------------------|-----------------------|--------------------------------------|--------------|
| ESTABLISHMENT NAME<br><b>MR CHAN DONUTS</b> |  | ADDRESS<br><b>712 FIRST STREET</b> |                       | CITY/ZIP<br><b>KENNETT, MO 63857</b> |              |
| FOOD PRODUCT/LOCATION                       |  | TEMP. in ° F                       | FOOD PRODUCT/LOCATION |                                      | TEMP. in ° F |
| Bacon                                       |  | 50                                 |                       |                                      |              |
| Coke Cooler                                 |  | 37                                 |                       |                                      |              |
| Berg  |  | 38                                 |                       |                                      |              |
| Frigidaire                                  |  | 10                                 | Boudin/Display        |                                      | 60           |
| Whirlpool                                   |  | 35                                 |                       |                                      |              |

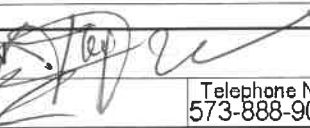
| Code Reference | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

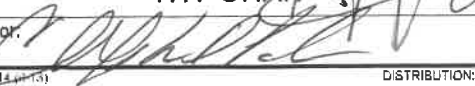
|           |  |           |   |
|-----------|--|-----------|---|
| 6-501.111 | Multiple gnats and roaches seen on shelving in kitchen and conveyor belt   | 9/30/2020 | ✓ |
| 3-302.11  | Raw shelled eggs above ready to eat sausage in berg cooler   | 9/30/2020 | ✓ |
| 3-501.19  | No Procedures on file for using time as a control  | 9/30/2020 | ✓ |
|           | Repeat: Breakfast koloches, wraps and Boudin with Potentially Hazardous Foods (meats) in Bakery Case at room temp with out proper Date-Time -Temp, Labeling. must keep all potentially Hazardous foods at 135 and Higher or 41 degrees and below | 9/30/2020 | ✓ |
| 3-501.16B | Cooked bacon in container on countertop (temp at 50 degrees), shall keep 41 degrees or below, 135 degrees or above   | 9/30/2020 | ✓ |

| Code Reference | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated. | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

|          |   |           |   |
|----------|---|-----------|---|
| 6-301.12 | No paper towels at hand sink in kitchen or prep room  | 9/30/2020 | ✓ |
| 6-501.16 | Mop laying in bucket, shall be hung to allow them to properly air dry   | 9/30/2020 | ✓ |
| 4-904.11 | Single serve containers on refrigerator have food contact surface facing up, invert to protect food contact surface | 9/30/2020 | ✓ |
| 5-501.15 | Dumpster lids are missing, Replace  | 9/30/2020 | ✓ |
| 6-501.11 | Ceiling tile falling down and multiple sagging from moisture, replace   | 9/30/2020 | ✓ |

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: **TRY CHAN**  Date: **09/21/2020**

Inspector:  Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No Follow-up Date: **9/30/2020**