



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

TIME IN 1200 TIME OUT 1300
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: **The Snow Shack** OWNER: **Sherry Rudkin** PERSON IN CHARGE: **Sherry Rudkin**
ADDRESS: **3030 N Main** COUNTY: **Dunklin**
CITY/ZIP: **Clarkton, MO 63837** PHONE: **573-281-9243** 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 | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R |
|-------------------------------------|---|-----|---|-------------------------------------|---|-----|---|
| <input checked="" type="checkbox"/> | Person in charge present; demonstrates knowledge, and performs duties | | | IN | Proper cooking, time and temperature | | |
| <input checked="" type="checkbox"/> | Employee Health | | | IN | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> | Management awareness; policy present | | | IN | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> | Proper use of reporting, restriction and exclusion | | | IN | Proper hot holding temperatures | | |
| <input checked="" type="checkbox"/> | Good Hygienic Practices | | | <input checked="" type="checkbox"/> | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> | Proper eating, tasting, drinking or tobacco use | | | IN | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> | No discharge from eyes, nose and mouth | | | IN | Time as a public health control (procedures / records) | | |
| <input checked="" type="checkbox"/> | Preventing Contamination by Hands | | | IN | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> | Hands clean and properly washed | | | IN | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | IN | Pasteurized foods used, prohibited foods not offered | | |
| <input checked="" type="checkbox"/> | Adequate handwashing facilities supplied & accessible | | | IN | Chemicals | | |
| <input checked="" type="checkbox"/> | Food obtained from approved source | | | <input checked="" type="checkbox"/> | Food additives: approved and properly used | | |
| IN | Food received at proper temperature | | | <input checked="" type="checkbox"/> | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> | Food in good condition, safe and unadulterated | | | <input checked="" type="checkbox"/> | Compliance with Approved Procedures | | |
| IN | Required records available: shellstock tags, parasite destruction | | | IN | Compliance with approved Specialized Process and HACCP plan | | |
| <input checked="" type="checkbox"/> | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> | Food-contact surfaces cleaned & sanitized | | | | | | |
| 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 | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|----|-----|---|-----|---|----|-----|---|-----|---|
| X | | Pasteurized eggs used where required | | | X | | In-use utensils: properly stored | | |
| X | | Water and ice from approved source | | | X | | Utensils, equipment and linens: properly stored, dried, handled | | |
| X | | 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: Cleaned and Sanitized | | |
| X | | Food properly labeled: original container | | | X | X | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| X | | Insects, rodents, and animals not present | | | X | | Warewashing facilities: installed, maintained, used; test strips used | | |
| X | | Contamination prevented during food preparation, storage and display | | | X | | Nonfood-contact surfaces clean | | |
| X | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | X | | Physical Facilities | | |
| X | | Wiping cloths: properly used and stored | | | X | | Hot and cold water available; adequate pressure | | |
| X | | Fruits and vegetables washed before use | | | X | | Plumbing installed; proper backflow devices | | |
| X | | | | | X | | Sewage and wastewater properly disposed | | |
| X | | | | | 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: **Sherry Rudkin** *Sherry Rudkin* Date: **09/25/2020**
Inspector: *Clayton P. B...* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____



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PAGE of 2

| | | | | | |
|---|--|-------------------------------|-----------------------|---------------------------------------|--------------|
| ESTABLISHMENT NAME The Snow Shack | | ADDRESS 3030 N Main | | CITY/ZIP Clarkton, MO 63837 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/LOCATION | | TEMP. in ° F |
| Frigidiare | | 38 | | | |
| Whirl Pool | | 36 | | | |
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| Code Reference | PRIORITY ITEMS <small>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.</small> | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
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| Code Reference | CORE ITEMS <small>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.</small> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| 4-301.12 | 2 compartment sink and using container to sanitize, must have 3 compartment sink | NRI | SR |
| 4-302.14 | No test kit for sanitizer | NRI | SR |
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| NRI | Next Routine Inspection | | |

EDUCATION PROVIDED OR COMMENTS:

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|---|-----------------------------------|-------------------------|---|
| Person in Charge / Title: Sherry Rudkin <i>Sherry Rudkin</i> | | Date: 09/25/2020 | |
| Inspector: <i>Cheryl...</i> | Telephone No. 573-888-9008 | EPHS No. 1647 | Follow-up: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No |
| | | Follow-up Date: _____ | |