



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

TIME IN 900 TIME OUT 1030  
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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: **Youngbloods** OWNER: **Charles Youngblood** PERSON IN CHARGE: **Charles Youngblood**  
 ADDRESS: **407 W Hwy 162** COUNTY: **Dunklin**  
 CITY/ZIP: **Clarkton 63848** PHONE: **573-281-8014** 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  
 License No. \_\_\_\_\_ 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	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	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		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/A	Proper eating, testing, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/A	Proper cold holding temperatures		
IN OUT N/A	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/A	Hands clean and properly washed			IN OUT N/A <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food		
IN <input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/> N/A	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			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	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		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food properly labeled; original container			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Insects, rodents, and animals not present			X		Nonfood-contact surfaces clean		
X		Contamination prevented during food preparation, storage and display			X		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		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Charles Youngblood** Date: **09/25/2020**  
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_

