



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

TIME IN 1300 TIME OUT 1520
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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: **Mimis Country Kitchen** OWNER: **Renee Branhum** PERSON IN CHARGE: **Renee Branhum**
ADDRESS: **612 N Douglass** COUNTY: **Dunklin**
CITY/ZIP: **Malden, MO** PHONE: **573-276-0007** 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. _____

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 N/O <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness: policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O <input checked="" type="checkbox"/>	Proper hot holding temperatures		
	Good Hygienic Practices			IN <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
IN OUT <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/> N/O N/A	Proper date marking and disposition		
IN OUT <input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT <input checked="" type="checkbox"/>	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
IN OUT <input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<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		
IN <input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated				Compliance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
	Prevention from Contamination						
IN <input checked="" type="checkbox"/> N/A	Food separated and protected						
IN <input checked="" type="checkbox"/> 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		
		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used					Utensils, Equipment and Vending		
	X	Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification				X	Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled: original container				X	Nonfood-contact surfaces clean		
	X	Insects, rodents, and animals not present			X		Physical Facilities		
	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: **Renee Branhum** *Renee Branhum* Date: **01/06/2021**
Inspector: *Chad...* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: **01/20/2021**



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ESTABLISHMENT NAME Mimis Country Kitchen		ADDRESS 612 N Douglass	CITY / ZIP Malden, MO
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/LOCATION	TEMP. in ° F
Frigidaire	37		
Frigidaire	36		
Excellence	35		
Sliced Tomatoes/Counter Top	62		

Code Reference	PRIORITY ITEMS 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
5-403.11	Mop water not being disposed of in utility sink	1/20/21	RB
7-201.11	Cleaning supplies next to food on counter and other chemicals above dishes in storage room	1/20/21	RB
3-302.11	Raw whole eggs above ready to eat lettuce	1/20/21	RB
3-501.17	Ham and beans in frigidaire not dated, shall be dated with 7 day discard date	1/20/21	RB
3-501.16B	Sliced tomatoes and onion on countertop, temp at 62 degrees, must be held 41 degrees or below	1/20/21	RB
4-601.11A	Microwave soiled with food	1/20/21	RB
6-501.111	Mice feces found under cabinets	1/20/21	RB
4-601.11A	Insulation hanging out of ceiling vent in kitchen	1/20/21	RB

Code Reference	CORE ITEMS 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.	Correct By (date)	Initial
4-302.14	No test strips for checking sanitizer	1/20/21	RB
5-203.13	No mop sink	1/20/21	RB
4-301.12	Two compartment sink for dishwashing, shall require a three compartment sink for wash rinse sanitize	1/20/21	RB
4-601.11C	Shelving soiled with food and debris, wash rinse and sanitize	1/20/21	RB
6-301.12	No papertowels for kitchen handsink	1/20/21	RB
6-501.16	Mops laying in bucket, hang to allow them to properly air dry	1/20/21	RB
6-501.11	Holes in wall next to ice maker, repair or replace	1/20/21	RB
8-301.11	Facility failed to file application and get approval before opening	1/20/21	RB
6-501.114	Unnecessary items and clutter in rear storage room	1/20/21	RB
4-501.114	Not sanitizing dishes	1/20/21	RB
4-204.112	Thermometer missing from all cold holding units	1/20/21	RB
3-304.14	Wiping cloths not stored in sanitizer	1/20/21	RB
4-601.11C	Raw concrete in kitchen, shall be smooth nonabsorbent and easily cleanable	1/20/21	RB
	Lighting not protected in kitchen	1/20/21	RB

EDUCATION PROVIDED OR COMMENTS

Discussed with management the potential need for additional handsink

Person in Charge /Title: Renee Branham	<i>Renee Branham</i>	Date: 01/06/2021
Inspector: <i>Cheryl [Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 01/20/2021