



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

TIME IN 1030 TIME OUT 1215
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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: **Ricks Outback BBQ** OWNER: **Rick Trainer** PERSON IN CHARGE: **Sheila Trainer**
ADDRESS: **13574 Hwy P** COUNTY: **069**
CITY/ZIP: **Senath, MO 63876** PHONE: **573-559-6054** 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 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"/> 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 eating, tasting, drinking or tobacco use			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			IN OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<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	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food received at proper temperature			IN OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			IN OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/> N/A	Chemicals		
<input checked="" type="checkbox"/> OUT	Food separated and protected			IN OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized			IN OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		

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

Person in Charge / Title: **Sheila Trainer** *Sheila Trainer* Date: **01/28/2021**
Inspector: *Chalyn* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____

