



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

TIME IN 1000 TIME OUT 1115  
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:<br><b>Frost Bites Shaved Ice</b>   |  | OWNER:<br><b>Tracey Wright</b>  |  | PERSON IN CHARGE:<br><b>Tracey Wright</b>   |  |
| ADDRESS:<br><b>902 W. North Street</b>   |  |   |  | COUNTY:<br><b>Dunklin</b>   |  |
| CITY/ZIP:<br><b>Piggott, AR 72454</b>  |  | PHONE:<br><b>870-598-4033</b>   |  | FAX:  |  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT  |  | <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN |  | <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <input checked="" type="checkbox"/> MOBILE VENDORS           |  |
| PURPOSE<br><input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |  |   |  |   |  |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved   |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE  |  | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> 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   | Public Health Interventions                                 | 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                        |     |   |
| <input checked="" type="checkbox"/> OUT        | Management awareness: policy present  |     |   | IN OUT N/O <input checked="" type="checkbox"/>   | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> OUT        | Proper use of reporting, restriction and exclusion  |     |   | IN OUT N/O <input checked="" type="checkbox"/>   | Proper cooling time and temperatures                        |     |   |
| IN OUT <input checked="" type="checkbox"/>     | Proper eating, tasting, drinking or tobacco use   |     |   | IN OUT N/O <input checked="" type="checkbox"/>   | Proper hot holding temperatures                             |     |   |
| IN OUT <input checked="" type="checkbox"/>     | No discharge from eyes, nose and mouth  |     |   | IN OUT N/O <input checked="" type="checkbox"/>   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> OUT N/O    | Hands clean and properly washed   |     |   | IN OUT <input checked="" type="checkbox"/>   | Proper date marking and disposition                         |     |   |
| IN OUT <input checked="" type="checkbox"/>     | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |  | Time as a public health control (procedures / records)      |     |   |
| <input checked="" type="checkbox"/> OUT        | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> OUT N/O N/A  | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> OUT        | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT N/A  | Pasteurized foods used, prohibited foods not offered        |     |   |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> OUT  | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> OUT        | Food in good condition, safe and unadulterated  |     |   |  | Toxic substances properly identified, stored and used       |     |   |
| 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 |     |   |
| <input checked="" type="checkbox"/> OUT N/A    | Food separated and protected  |     |   | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed |   |     |   |
| <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           |     |   |  |   |     |   |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN                                  | OUT                                 | Compliance  | COS | R | IN                                  | OUT                                 | Compliance  | COS | 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"/> | Adequate equipment for 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"/> | Approved thawing methods used   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Gloves used properly  |     |   |
| <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 properly labeled: original container   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure                                       |     |   |
| <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"/> | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Wiping cloths: properly used and stored   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Fruits and vegetables washed before use   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
|                                     |                                     |   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |                                     |   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

Person in Charge / Title: **Tracey Wright** *Tracey Wright* Date: **04/27/2021**

Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
Follow-up Date:



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|---|--|---------------------------------------|--|--------------------------------------|--|
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| FOOD PRODUCT/LOCATION                               |  | TEMP. in ° F                          |  | FOOD PRODUCT/ LOCATION               |  |
| Freezer   |  | -10                                   |  |                                      |  |
|   |  |                                       |  |                                      |  |

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

**EDUCATION PROVIDED OR COMMENTS:**

Discussed with owner that there must be a hose bib vacuum breaker installed when connecting to water faucet

|   |                                      |   |
|---|--------------------------------------|---|
| Person in Charge /Title: <b>Tracey Wright</b> | <i>Tracey Wright</i>                 | Date: <b>04/27/2021</b>   |
| Inspector: <i>Chapin D.H.</i>                 | Telephone No.<br><b>573-688-9008</b> | EPHS No.<br><b>1647</b>   |
|   |                                      | Follow-up: <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No |
|   |                                      | Follow-up Date:   |