



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

TIME IN 1300 TIME OUT 1415
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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: KENNETT PALACE		OWNER: PALACE ENTERTAINMENT		PERSON IN CHARGE: Glenda Jain	
ADDRESS: 224 FIRST STREET				COUNTY: 069	
CITY/ZIP: KENNETT, MO 63857		PHONE: 573-919-0190		FAX:	
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L					
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD					
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. NA		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			IN	OUT	N/A	
Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature			
Employee Health							
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A	
Management awareness: policy present				Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A	
Proper use of reporting, restriction and exclusion				Proper cooling time and temperatures			
Good Hygiene Practices							
<input checked="" type="checkbox"/>	OUT	N/A		IN	OUT	N/A	
Proper eating, tasting, drinking or tobacco use				Proper hot holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/A		IN	OUT	N/A	
No discharge from eyes, nose and mouth				Proper cold holding temperatures			
Prevention of Contamination by Hands							
<input checked="" type="checkbox"/>	OUT	N/A		IN	OUT		
Hands clean and properly washed				Proper date marking and disposition			
<input checked="" type="checkbox"/>	OUT	N/A		IN	OUT	N/A	
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			IN	OUT	N/A	
Adequate handwashing facilities supplied & accessible				Consumer advisory provided for raw or undercooked food			
Approved Source							
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A	
Food obtained from approved source				Highly Susceptible Populations			
IN	OUT		N/A	IN	OUT	N/A	
Food received at proper temperature				Pasteurized foods used, prohibited foods not offered			
<input checked="" type="checkbox"/>	OUT			IN	OUT		
Food in good condition, safe and unadulterated				Food additives: approved and properly used			
IN	OUT	N/A		IN	OUT		
Required records available: shellstock tags, parasite destruction				Toxic substances properly identified, stored and used			
Prevention from Contamination							
IN	OUT			The letter to the left of each item indicates that item's status at the time of the inspection.			
<input checked="" type="checkbox"/>	OUT	N/A		IN = in compliance		OUT = not in compliance	
IN	OUT			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	Compliance	COS	R	IN	OUT	Compliance	COS	R
<input checked="" type="checkbox"/>		Safe Food and Water			<input checked="" type="checkbox"/>		Proper Use of Utensils		
Pasteurized eggs used where required					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		
Food Temperature Control									
<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"/>		Food and Nonfood Contact Surfaces		
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					Warewashing facilities: installed, maintained, used; test strips used				
Food Identification									
<input checked="" type="checkbox"/>		Food properly labeled: original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
Prevention of Food Contamination									
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Physical Facilities		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			Hot and cold water available: adequate pressure				
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			Plumbing installed; proper backflow devices				
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			Sewage and wastewater properly disposed				
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			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: **Glenda Jain** *Glenda Jain* Date: **08/12/2021**

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

Follow-up Date: _____



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ESTABLISHMENT NAME KENNETT PALACE		ADDRESS 224 FIRST STREET		CITY /ZIP KENNETT, MO 63857	
FOOD PRODUCT/LOCATION MINI REFRIGERATOR		TEMP. in ° F 37	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitizer standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
CIP	Correction In Progress		

EDUCATION PROVIDED OR COMMENTS:

Person in Charge /Title: Glenda Jain <i>Glenda Jain</i>		Date: 08/12/2021	
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: <input type="checkbox"/>	