



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

TIME IN 1030 TIME OUT 1200
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: **PIZZA HUT** OWNER: **NATIONAL PIZZA CORP.** PERSON IN CHARGE: **Tabitha Douglas**
ADDRESS: **P.O. BOX 217 BUSINESS HWY 25** COUNTY: **069**
CITY/ZIP: **MALDEN, MO 63863** PHONE: **573-276-5101** 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
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 | | | | <input checked="" type="checkbox"/> | OUT N/O N/A | Proper cooking, time and temperature | | | |
| <input checked="" type="checkbox"/> | OUT | Management awareness; policy present | | | | <input checked="" type="checkbox"/> | IN OUT N/A N/A | Proper reheating procedures for hot holding | | | |
| <input checked="" type="checkbox"/> | OUT | Proper use of reporting, restriction and exclusion | | | | <input checked="" type="checkbox"/> | OUT N/O N/A | Proper cooling time and temperatures | | | |
| <input checked="" type="checkbox"/> | OUT | Proper eating, tasting, drinking or tobacco use | | | | <input checked="" type="checkbox"/> | OUT N/A | Proper hot holding temperatures | | | |
| <input checked="" type="checkbox"/> | OUT | No discharge from eyes, nose and mouth | | | | <input checked="" type="checkbox"/> | OUT N/O N/A | Proper cold holding temperatures | | | |
| <input checked="" type="checkbox"/> | OUT | Hands clean and properly washed | | | | <input checked="" type="checkbox"/> | IN OUT 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 | | | | <input checked="" type="checkbox"/> | OUT N/O N/A | 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 | | | |
| <input checked="" type="checkbox"/> | OUT | 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 | | | | <input checked="" type="checkbox"/> | OUT | Toxic substances properly identified, stored and used | | | |
| <input checked="" type="checkbox"/> | OUT | Required records available: shellstock tags, parasite destruction | | | | <input checked="" type="checkbox"/> | IN OUT | Compliance with approved Specialized Process and HACCP plan | | | |
| <input checked="" type="checkbox"/> | OUT | Food separated and protected | | | | 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 | | | | | |
| <input checked="" type="checkbox"/> | OUT | Food-contact surfaces cleaned & sanitized | | | | | | | | | |
| <input checked="" type="checkbox"/> | OUT | 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 | 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"/> | <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"/> | | 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"/> | | <input checked="" type="checkbox"/> | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| <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"/> | | Insects, rodents, and animals not present | | | <input checked="" type="checkbox"/> | | Nonfood-contact surfaces clean | | |
| <input checked="" type="checkbox"/> | | Contamination prevented during food preparation, storage and display | | | <input checked="" type="checkbox"/> | | Hot and cold water available; adequate pressure | | |
| | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | | Plumbing installed; proper backflow devices | | |
| <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"/> | | Fruits and vegetables washed before use | | | <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: **Tabitha Douglas** *Tabitha Douglas* Date: **11/05/2021**
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____



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| TIME IN | 1030 | TIME OUT | 1200 |
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|---|---|---|------------------------|-------------------------------------|---------------------|
| ESTABLISHMENT NAME PIZZA HUT | | ADDRESS P.O.BOX 217 BUSINESS HWY 25 | | CITY/ZIP MALDEN, MO 63863 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Pizza Prep Cooler | | 35 | Chicken/Prep Cooler | | 36 |
| McCall | | 37 | Tomatoes/Prep Cooler | | 36 |
| Walk in Cooler | | 38 | | | |
| Walk in Freezer | | -2 | | | |
| 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 22 hours or as stated. | | | | Corrected by (date) |
| 4-601.11A | Pan and lid below microwave soiled with food, wash rinse and sanitize | | | | COS TU |
| Code Reference | CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation, standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated. | | | | Corrected by (date) |
| 6-501.11 | Water damage to ceiling in womens restroom and hallway, repair | | | | NRI TU |
| 6-501.11 | Coving missing in room next to walk in cooler, repair or replace | | | | NRI TU |
| 4-204.112 | No thermometer in walk in freezer | | | | COS TU |
| 4-601.11C | Two booths in dining room have large rips in vinyl exposing sponge like cushion, must be smooth non absorbent and easily cleanable | | | | NRI TU |
| MP1 Next Routine Inspection COS Corrected onsite | | | | | |

EDUCATION PROVIDED OR COMMENTS:

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