



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

TIME IN 1300 TIME OUT 1430
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: DOMINO'S		OWNER: Ty Michael Turner	PERSON IN CHARGE: Krystal Ward
ADDRESS: 630 COTTONWOOD PLAZA			COUNTY: 069
CITY/ZIP: KENNETT, MO 63857	PHONE: 573-559-1600	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" 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 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	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	Prevention of 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/O 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 N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN OUT N/O N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN OUT N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN OUT N/O N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> IN OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN 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/O N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> IN OUT N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN OUT N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN OUT N/O	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN OUT N/A	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. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed			
<input checked="" type="checkbox"/> IN	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN	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	Compliance	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		
<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"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		

Person in Charge / Title: **Krystal Ward** Date: **02/03/2021**

Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: **3/2/22**



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ESTABLISHMENT NAME		ADDRESS		CITY / ZIP	
DOMINO'S		630 COTTONWOOD PLAZA		KENNETT, MO 63857	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Chicken/prep cooler		38			
Ham/prep cooler		36			
Chicken Nuggets/On top of Prep Cooler		45			
Walk in cooler		37			
Code Reference	PRIORITY ITEMS	Corrected by (date)	Initial		
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.					
3-501.16	Chicken nuggets on prep cooler temp at 45 degrees, shall be held 41 degrees or below	COS	W		
3-501.17	No date mark on open container of diced tomatoes in reach part of walk in cooler	3/2/22	W		
3-701.11	In reach in of walk in cooler, cheese has date expiration of 2/15/22, voluntarily discarded	3/2/22	W		
4-701.110	No sanitizer prepared throughout facility to sanitize food contact surfaces	3/2/22	W		
4-703.11	Premix sanitizer in warewash area not dispensing at proper concentration	3/2/22	W		
4-601.11	Items stored as clean on shelving in dishroom, soiled with food	3/2/22	W		
4-202.11	One plastic lid covering pepperoni cracks in reachin of cooler	3/2/22	W		
Code Reference	CORE ITEMS	Corrected by (date)	Initial		
Core items relate to general sanitation, operational controls, facilities or structures, equipment, fixtures, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.					
6-501.18	Handsink soiled with food and debris, for handwashing only	3/2/22	W		
4-601.11C	Wall next to handsink soiled with food and debris	3/2/22	W		
6.501.12	Floor in office soiled with sticky residue, wash rinse and sanitize	3/2/22	W		
6-501.11	Missing ceiling tile above door in walk in cooler	3/2/22	W		
4-302.14	No test strips for checking sanitizer, provided test strips for use until able to purchase	3/2/22	W		
4-601.11C	Cooler doors and handles soiled with food	3/2/22	W		
4-601.11C	Vent soiled with dust and debris above pizza prep area	3/2/22	W		
5-501.15	No lids on outside of dumpster	3/2/22	W		
5-501.115	trash and debris along northern wall of building	3/2/22	W		
COS	CORRECTED ON SITE				
NRI	NEXT ROUTINE INSPECTION				

EDUCATION PROVIDED OR COMMENTS

Storage room and restroom located behind the office either needs to be either not used for storage and made inaccessible to employees or cleaned and maintained to meet requirements of the food code for dry storage and restroom areas.

Person in Charge / Title: Krystal Ward Date: 02/03/2021

Inspector: [Signature] Telephone No. 573-888-9008 EPHS No. 1647 Follow-up: Yes No
Follow-up Date: 3/2/22