



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

TIME IN **900**      TIME OUT **1000**  
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: <b>WENDY'S</b>		OWNER: <b>MERITAGE HOSPITALITY, LLC</b>	PERSON IN CHARGE: <b>Tina Snipes</b>
ADDRESS: <b>1320 FIRST STREET</b>			COUNTY: <b>069</b>
CITY/ZIP: <b>KENNETT, MO 63857</b>	PHONE: <b>573-888-3535</b>	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input 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 checked="" 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 type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other							
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____			
License No. <b>069-15366</b>							

**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			<input checked="" type="checkbox"/>	OUT	N/A	N/A	Proper cooking, time and temperature
<input checked="" type="checkbox"/>	OUT			<input type="checkbox"/>	IN	OUT	N/A	Proper reheating procedures for hot holding
<input checked="" type="checkbox"/>	OUT			<input type="checkbox"/>	IN	OUT	N/A	Proper cooling time and temperatures
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/A	N/A	Proper hot holding temperatures
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	N/A	Proper cold holding temperatures
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	N/A	Proper date marking and disposition
<input checked="" type="checkbox"/>	OUT	N/A		<input type="checkbox"/>	IN	OUT	N/A	Time as a public health control (procedures / records)
<input checked="" type="checkbox"/>	OUT	N/A		<input type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>	Consumer Advisory
<input checked="" type="checkbox"/>	OUT	N/A		<input type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food
<input checked="" type="checkbox"/>	OUT	N/A		<input type="checkbox"/>	OUT	N/A	N/A	Highly Susceptible Populations
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	N/A	Pasteurized foods used, prohibited foods not offered
<input checked="" type="checkbox"/>	OUT			<input type="checkbox"/>	OUT	N/A	N/A	Chemical
<input type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT		Food additives: approved and properly used
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT			Toxic substances properly identified, stored and used
<input checked="" type="checkbox"/>	IN	OUT	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Compliance with approved Specialized Process and HACCP plan
<input checked="" type="checkbox"/>	OUT	N/A						Prevention of Food Contamination
<input checked="" type="checkbox"/>	OUT	N/A						Food separated and protected
<input checked="" type="checkbox"/>	OUT	N/A						Food-contact surfaces cleaned & sanitized
<input type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>					Proper disposition of returned, previously served, reconditioned, and unsafe food

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	Category	COS	R	IN	OUT	Category	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"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>		Food properly labeled; original container			<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		
<input checked="" type="checkbox"/>		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"/>		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: <b>Tina Snipes</b>	Date: <b>03/02/2022</b>
Inspector:	Telephone No. <b>573-888-9008</b> EPHS No. <b>1647</b> Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: _____



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ESTABLISHMENT NAME <b>WENDY'S</b>		ADDRESS <b>1320 FIRST STREET</b>		CITY / ZIP <b>KENNETT, MO 63857</b>	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ice Cream Vanilla		36			

Code Reference	PRIORITY ITEMS	Correct 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.		

Code Reference	CORE ITEMS	Correct by Date	Initial
	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.		

EDUCATION PROVIDED OR COMMENTS

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Inspector:	Telephone No. <b>573-888-9008</b>
	EPHS No. <b>1647</b>
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: