



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

TIME IN 1030 TIME OUT 1130
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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: MudSlingers Coffee		OWNER: Jamie Graue	PERSON IN CHARGE: Jamie Graue	
ADDRESS: 320 Independence			COUNTY: Dunklin	
CITY/ZIP: Kennett, MO 63857		PHONE: 573-344-2395	FAX:	
ESTABLISHMENT TYPE <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 type="checkbox"/> MOBILE VENDORS		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. _____				

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	
				IN	OUT	N/A	
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A	
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A	
IN	OUT	<input checked="" type="checkbox"/>		IN	OUT	N/A	
IN	OUT	<input checked="" type="checkbox"/>		IN	OUT	N/A	
<input checked="" type="checkbox"/>	OUT	N/A		IN	OUT		
IN	OUT	<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/A	
IN	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT		
<input checked="" type="checkbox"/>	OUT						
IN	OUT	N/A		IN	OUT		
IN	OUT	<input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>	OUT	N/A					
IN	OUT	<input checked="" type="checkbox"/>					

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	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
X		Pasteurized eggs used where required			X		In-use utensils: properly stored		
X		Water and ice from approved source			X		Utensils, equipment and linens: properly stored, dried, handled		
					X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used							
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X					X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
X					X				
X		Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X		Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
	X	Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Jamie Graue** Date: **05/24/2022**

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

Follow-up Date: _____



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ESTABLISHMENT NAME MudSlingers Coffee		ADDRESS 320 Independence		CITY /ZIP Kennett, MO 63857	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Avantico		36			

Code Reference	PRIORITY ITEMS <small>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.</small>	Correct by <small>(date)</small>	Initial

Code Reference	CORE ITEMS <small>Core items relate to general sanitation, general food 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.</small>	Correct by <small>(date)</small>	Initial
4-302.14	No test strips for checking sanitizer	NRI	JK
3-304.14	wiping cloths laying on countertop, shall be placed in sanitizer when not in use	NRI	JK

EDUCATION PROVIDED OR COMMENTS:

Person in Charge /Title: Jamie Graue			Date: 05/24/2022
Inspector: <i>[Signature]</i>		Telephone No. 573-888-9008	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EPHS No. 1647		Follow-up Date: _____	