

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

TIME IN 1300 | TIME OUT 1500 | 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:  OWNER:  BBQ Shack and Fish House  Johnny Walker  Tammy Scott													
ADDRESS: 714 FIRST STREET					unci					COUNTY: 0	69		
CITY/ZIP: KENNETT, MO 63857 PHONE: 573-888-8988				8	FAX:				P.H. PRIORI	тү: 🔳 н 🗌	М	L	
ESTABLISHMENT TYPE  BAKERY  C. STORE  CATERER  DELI  RESTAURANT  SCHOOL  SENIOR CENTER  SUMM						GROCERY STORE INSTITUTION MOBILE VENDORS R.F.P. TAVERN TEMP.FOOD							
PURPOSE    Pre-opening   Routine   Follow-up   Complaint   Other													
FROZEN DESSERT  Approved Disapproved PUBLIC PRIVATE  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 or injury.													
Compliance	Compliance Dismonstration of Knowledge COS F					R Compliance Process applies from and tombacture					cos	R	
OUT OUT		Person in charge present, demonstrates knowledge, and performs duties				IN OUT MAN .				er reheating procedures for hot holding			
Ol		and periodiss access and selection and sele				IN OUT NO N/A Proper			Proper o	cooling time and temperatures			
QI.	ŲT	Proper use of reporting, restriction and exclusion  Geod:Hyelenic:Practices				OUT N/A Proper co				cold holding tempera	atures		
OUT	N/O Proper eating, tasting, drinking or tobacco use					IN OUT N/O N/A Proper date marking and dis					+		
OUT	N/O Province (Contamination by Harins				110	Tecolusi			Consumerac	Consumer adultor			
OUT N/O Hands clean and properly washed					IN QUI undercool				oked food				
OUT N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed				i				Hogely Susceptible					
IN Adequate handwashing facilities supplied & accessible				OUT N/O N/A offered			offered	ized foods used, pro					
Approved Source			68:		-	OUT N/A Food additives: approved and properly used				+1			
OUT Food obtained from approved source  IN OUT N/A Food received at proper temperature					I IN		C T	Toxic substances propedy identified stored and			1		
		condition, safe and		Complian					rmance with Approved Procedures:				
IN OUT N/O Required records available, shellstock tags, parasite destruction				IN OUT IN and HACCP plan									
Protection trains Cartains all on 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									
IN T	Fred sested curfores alcohold 9 continod				inspection.  IN = in compliance  OUT = not in compliance								
IN OUT	IN OUT Proper disposition of returned, previously served, reconditioned, and unsafe food				N/A = not applicable N/O = not observed								
**************************************				GI ative measures to co	OD REIAL						into foods		
IN OUT		Sa	the Food and Water	ative measures to co	COS R	IN	OUT			repair Use of Ulana	into tooga.	COS	R
Pasteurized ands used where red     Water and ice from approved sour			ed where required			×		In-use utensils: properly stored  Utensils, equipment and linens: properly stored, d		rly stored, dried,			
	Water and its inchrepping decisions     Food Temperature Control						×		ıse/single-	service articles: pro	erly stored, used		
X		uate equipment for temperature control yed thawing methods used				×			es used properly  Alexands Eduloreantiand Vending				
×		mometers provided and accurate				×		Food an	and nonfood-contact surfaces deanable, properly ned, constructed, and used				
	Food Identification				×		Warewa	ishing faci	lities: installed, main	ntained, used; test			
×	Food t	d properly labeled; original container					×	Nonfood	-contact surfaces dean				
×	Insect	Prevention and animals not present				×		Hot and	t and cold water available; adequate pressure				
×	and di							Plumbing installed; proper backflow devices					
×	fingerr	nal cleanliness: clean outer clothing, hair restraint, nails and jewelry					×		Sewage and wastewater properly disposed  oilet facilities: properly constructed, supplied, deaned				
×		g doths: properly used and stored and vegetables washed before use				X		Garbage	e/refuse p	roperly disposed; fac	cilities maintained		
Person in Charge /Title: Tammy Scott Jacoby Jacoby Date: 05/25/2022													
Inspector  Telephone No. 573-888-9008  EPHS No. 1647  Follow-up:  Yes  No 1647  Follow-up Date: 6/2/22  EBSTRIBUTION, WHITE-OWNERS COPY  CANARY - FILE COPY  E8.37													



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PAGE 2 of 2

ESTABLISHMEN BBQ Sha	TNAME ack and Fish House	714 FIRST STREET CITY/ZIP KENNETT, MO 63857								
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCA	ATION	TEMP. in ° F					
	Warmer Porkbutt	94	Hot Hold/ Pulled Po	: Hold/ Pulled Pork		145				
	Baked potato/ Warmer	149	Coleslaw		38	1				
			Frigidaire in Storage Ri	oom	37					
			Freezer in Storage Re	oom	0					
	Baked Beans/Hot Hold	145								
Coca Reference	Priority items contribute directly to the or nice. These items MUST RECEI	PRIORITY	n to an acceptable level, hazaros associa	ted with foodsorne illness	Coredby (care)	# IS				
4-601.11A	Potato Slicer soiled with fo				6/2/22	KW				
3-501.16A	Pork Butts in warmer show	above	6/2/22	100						
7-102.11	Mulitple unlabeled spray be	6/2/22	= JT							
	Meat probe laying on coun		6/2/22 -	LD						
	Multiple flys throughout sm	1 1 2 1 11	6/2/22	100						
3-501.17	No dating on ready to eat f 7 day discard date	be dated with	6/2/22	737						
Code Reference 6-301.12	No towels at kitchen hands	asi. These items are to be correct ink	aructures, equipme 11 Seston general ma nied by the next regular inspection or a	nierana a saniator s stated	Correct by (sate) 6/2/22 > 6/2/22	( <u>†</u>				
3-304.14	Wiping cloths laying on cou Mops laying on floor in kite		6/2/22	DAY.						
6-501.16 6-601.16	Multiple buckets laying in r		6/2/22	1						
6-501.18	Utensils layig in handsink,		6/2/22	75						
	Floors soiled heavily with g		6/2/22	00						
6-201.11	Floors soiled and sticky thr				6/2/22	377				
6-201.11 6-202.15	Door left open in smoke sh	ack outer opening sha	Il he protected at all times		6/2/22	T)				
	Kenmore refrigerator soiled		6/2/22	100						
6-201.11	Floors soiled in smoke sha		6/2/22	00						
4-903.11			p areas, causing single serve	to be soiled	6/2/22	<b>3</b>				
cos	Corrected onsite									
		EDUCATION PROV	IDED OR COMMENTS							
Person in Ch	Person in Charge /Title: Tammy Scott & SCUM Jackson Date: 05/25/									
Inspector.	hulgh All	Telephone No. 573-888-900	08 1647	Follow-up:		No E6,37A				