



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

TIME IN 1400 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: **Cranes Manilla Ice** OWNER: **Danitra Crane** PERSON IN CHARGE: **Danitra Crane**  
ADDRESS: **P.O. Box 11** COUNTY: **Dunklin**  
CITY/ZIP: **Manilla, AR 72442** PHONE: **573-579-8474** FAX: \_\_\_\_\_ P.H. PRIORITY:  H  M  L

ESTABLISHMENT TYPE  
 BAKERY  C. STORE  CATERER  DELI  GROCERY STORE  INSTITUTION  MOBILE VENDORS  
 RESTAURANT  SCHOOL  SENIOR CENTER  SUMMER F.P.  TAVERN  TEMP. FOOD

PURPOSE  
 Pre-opening  Routine  Follow-up  Complaint  Other

FROZEN DESSERT  Approved  Disapproved  
SEWAGE DISPOSAL  PUBLIC  PRIVATE  
WATER SUPPLY  COMMUNITY  NON-COMMUNITY  PRIVATE  
License No. \_\_\_\_\_ Date Sampled \_\_\_\_\_ Results \_\_\_\_\_

**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   | Demonstrational Knowledge   | COS | R | Compliance                                      | Potentially Hazardous Foods                            | COS | R |
|--|---|-----|---|---|--|-----|---|
| <input checked="" type="checkbox"/> OUT  | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | IN OUT N/O <input checked="" type="checkbox"/>  | Proper cooking, time and temperature                   |     |   |
| <input checked="" type="checkbox"/> OUT  | Management awareness; policy present  |     |   | IN OUT N/O <input checked="" type="checkbox"/>  | Proper reheating procedures for hot holding            |     |   |
| <input checked="" type="checkbox"/> OUT  | Proper use of reporting, restriction and exclusion  |     |   | IN OUT N/O <input checked="" type="checkbox"/>  | Proper cooling time and temperatures                   |     |   |
| <input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>     | Proper eating, tasting, drinking or tobacco use   |     |   | IN OUT N/O <input checked="" type="checkbox"/>  | Proper hot holding temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>     | No discharge from eyes, nose and mouth  |     |   | IN OUT N/O <input checked="" type="checkbox"/>  | Proper cold holding temperatures                       |     |   |
| <input checked="" type="checkbox"/> OUT N/O  | Hands clean and properly washed   |     |   | IN OUT <input checked="" type="checkbox"/>      | 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 hand-washing facilities supplied & accessible                                      |     |   | <input checked="" type="checkbox"/> OUT 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         | Pasteurized foods used, prohibited foods not offered   |     |   |
| <input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/> N/A | 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"/> IN OUT N/O <input checked="" type="checkbox"/> | Required records available; shellstock tags, parasite destruction                           |     |   | IN OUT <input checked="" type="checkbox"/>      | Compliance with approved procedures                    |     |   |
| <input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>     | Food separated and protected  |     |   |   | Compliance with approved HACCP plan                    |     |   |
| <input checked="" type="checkbox"/> OUT N/A  | Food-contact surfaces cleaned & sanitized   |     |   |   |  |     |   |
| <input checked="" type="checkbox"/> IN OUT <input checked="" type="checkbox"/>     | 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 | IN                                  | OUT                                 | Compliance  | COS | R |
|-------------------------------------|-------------------------------------|---|-----|---|-------------------------------------|-------------------------------------|---|-----|---|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Pasteurized eggs used where required  |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Approved thawing methods used   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> | <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"/> | <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"/> | <input checked="" type="checkbox"/> | Insects, rodents and animals not present  |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Hot and cold water available; adequate pressure                                       |     |   |
| <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"/> | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> | Fruits and vegetables washed before use   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained                               |     |   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |   |     |   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

Person in Charge / Title: **Danitra Crane** Date: **6/22/2022**

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

