



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

TIME IN 1000 TIME OUT 1115  
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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: **The Blend** OWNER: **Christina Hann/Tina Durham** PERSON IN CHARGE: **Tina Durham**  
ADDRESS: **105 S Ash** COUNTY: **Dunklin**  
CITY/ZIP: **Campbell, MO** PHONE: **573-217-0001** 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  
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	Control Measure	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		
IN OUT <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/A	Proper hot holding temperatures		
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	Hand and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition		
IN OUT <input checked="" type="checkbox"/>	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 handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> OUT N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available; shellstock tags, parasite destruction			<input checked="" type="checkbox"/> OUT	Chemical		
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
IN OUT <input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food			<input checked="" type="checkbox"/> OUT	Compliance with Approved Procedures		

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

Person in Charge / Title: **Tina Durham** Date: **7/11/2022**  
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647**  
Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_



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ESTABLISHMENT NAME <b>The Blend</b>		ADDRESS <b>105 S Ash</b>	CITY/ZIP <b>Campbell, MO</b>
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Kenmore		34	
Refrigerator		35	

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>		

Code Reference	CORE ITEMS	Corrected by (date)	Initial
	Core items relate to general sanitation, operational controls, facilities or structural equipment issues, and other critical areas that are essential to food safety and food protection. <b>These items are to be corrected by the next regular inspection or as stated.</b>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <b>Tina Durham</b>	Date: <b>7/1/2022</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: