

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

TIME IN 830			TIME OUT 930
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NEXT ROUTINE I	NSPEC	CTION OR SU	Y, THE ITEMS NO CHISHORTER PER CTIONS SPECIFIE	RIOD OF TIME AS I	MAY BE SPE MAY RESUL	ECIFIED I	N WRIT	TING BY T	HE REGULA JR FOOD OF	TORY AUTHORIT PERATIONS.		COMPLY	Υ
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.  ESTABLISHMENT NAME:  OWNER:  PERSON IN CHARGE:  Holly Wallace													
ADDRESS: 40648 HWY JJ (GLENNONVILLE)													
CITY/ZIP: CAMPBELL, MO 63933 PHONE: 573-328-4197				FAX:	FAX:			P.H. PRIORIT	Y: 🔳 H 🗌	М	L		
ESTABLISHMENT BAKERY RESTAUR. PURPOSE		C.STOR			ELI IMMER F.P.		GROCE AVERN	RY STOR		ISTITUTION EMP.FOOD	☐ MOBILE VI	ENDORS	3
☐ Pre-openin		Routine	Follow-up		☐ Other			,					
FROZEN DES		approved	SEWAGE DISP	OSAL PRIVATE		ATER SI COMM			NON-COM		PRIVATE Results		
License No. NA				RISK FA	CTORS AN	DINTE	₹VEN	rions .			pignin (lib) + 1 (lib)	111 P <sup>1</sup>	
Risk factors are	food p	reparation pray	ctices and employe	e behaviors most co	mmonly repo	orted to th	e Cent	ers for Dise	ease Control				1 1111
foodborne illness Compliance	s outbre	aks. Public he	alth interventions	are control measur	es to preven	R Cor	ne IIInes mpliance	ss or injury		oterbally Yazardo	us Foods	COS	R
	OUT Person in charge present, demonstrates knowledge,				IN (	1 TUC	N/A		king, time and tem				
01	and performs duties  Climptoyes Heatt!  OUT Management awareness; policy present						N/A						
OL		Proper use of	recording, restrictions (Cond. H. Stenie Pr.	in and exclusion			IN OUT No N/A Proper cooling time and temperatures  IN OUT No N/A Proper hot holding temperatures  OUT N/A Proper cold holding temperatures						
OUT	N/O	Proper eating	tasting, drinking o	r tobacco use		$\rightarrow$		N/A	Proper date	e marking and disp	osition		
OUT						IN C	IN OUT N/O records			public health control (procedures /			$\perp$
■ OUT	N/O	Research Contamination by Hands Hands clean and properly washed				IN	IN OLIT Consume			Consumer Advisory			
IN CET	N/O	No bare hand contact with ready-to-eat foods or				-	undercoo			ed food Billy Suspept de Populations			
	approved alternate method properly followed  OUT Adequate handwashing facilities supplied &			+-+					l faads used, proh	bited foods not			
		accessible	Approved Sou	via:		+-			offered	Chenical			
	OUT Food obtained from approved source  Food received at proper temperature				001		Food additi	ves: approved and					
	OT THE INTA			1			OUT	used	nance with Awore			-	
OUT Food in good condition, safe and unadulterated  Required records available, shell stock tags, parasite destruction				100	OUT N/A Compliance with approved Specialized Process and HACCP plan								
		Pi	oleation Iro n Caril	ae novincial com		The	letter te	the left of	each itam in	dicates that item's	status at the time	of the	
OUT N/A Food separated and protected  Food-contact surfaces cleaned & sanitized			-	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									
IN OUT	N/A	Proper dispos	sition of returned, p		1		IN = in compliance OUT = not in compliance  N/A = not applicable N/O = not observed						
#W 001		reconditioned	l, and unsafe food	10	IOOD RETA	LPRACI	CES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		Good Retail Pr	actices are prevent	ative measures to c	ontrol the int			ogens, che	emicals, and	physical objects in	ito foods.	1 000	
IN OUT	Paster	rized eggs use	te fack also vales ed where required		COS R	IN X	001	In-use ut	tensils: prope	nemuseronumensus erly stored		003	
Water and ice from approved source				×		Utensils, handled		and linens: properl	y stored, dried,				
Food Temperature Control					×			se/single-ser	vice articles: prope	erly stored, used			
×		ate equipment ved thawing m	for temperature co ethods used	ntroi		1^			. Atematical	Luipmentard Ve	ridina .		
X Thermometers provided and accurate			×		designed	d. constructe	intact surfaces die d, and used	1 1					
Flood (Semification)				×		Warewa		s: installed, mainte	ained, used; test				
X Food properly labeled; original container				×		Nonfood	-contact surf	aces dean Wild Feblies					
X Insects, rodents, and animals not present				×		Hot and	cold water a	vailable; adequate	pressure				
Contamination prevented during food preparation, storage and display				×				roper backflow dev					
Personal cleanliness: clean outer clothing, hair restraint, fincemails and lewelry				×				ater properly dispo					
Wiping doths: properly used and stored     Fruits and vegetables washed before use				×				rly constructed, su erly disposed; facil					
				NX			facilities inst	alled, maintained.	and clean				
Person in Charge / Title: Holly Wallage Colon Wallage Date: 09/07/2022													
Inspecto	//	1/1	last	57S	phone No. 888-900	8		EPHS No 1647		low-up: low-up Date:	☐ Yes	☑ N	lo
MO 580 101 (9-13)	1	ny /		DISTRIBUTION: WHITE				CANARY - FI					E6.37



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ST TER	ESAS ELEMENTARY SC	ADDRESS 40648 HWY JJ (G	LENNONVILLE)	CAMPBELL,MO	63933		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUC	T/ LOCATION	CATION TEMP. in ° F		
DAIRY COOLER		40	sher	166			
WHRILPOOL REFRIGERATOR		38	38 Green Beans/Stovetop			0	
	Economy Cooler	36					
	WALK IN FREEZER	-20			_		
	R HEATER ROOM, FREEZER	-8 PRIGRITY:	YELIC		Corea by	T Fiell	
Code Reference	Promity thems contribute directly to the ellor ratiny. These items MUST RECEIVE	imination, prevention of reduction IMMEDIATE ACTION within 72	n to ar acceptable level hazard. Thours or as stated.	e associated with footborne line	iss (cate)	1, 1	
3-501.17	Sliced lettuce and open slice	d turkey not dated,shal	ll be dated with 7 day o	discard date	COS	Sw	
Cwie Rafarerice	Core dammetata to general ser lat 20 de situata de caral la procedures SSOFE.	COREITE Para hanal kominas facilisa di There deims are in he com so	ma Iructures equipment Jesion dis	Tarigatiskanse of sauthige Tarigatiskanse of sauthige	Correct by Garden	17320103	
COS NRI  Person in C	Corrected onsite  Next Routine Inspection  Charge /Title: Holly Wallace	EDUCATION PROVI	DED OR COMMENTS  A LOCAL BEPHS No. 1647	Date: 09/07/ Follow-up: Follow-up Date;	/2022 □ Yes	✓ No	