



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

TIME IN **845** TIME OUT **1030**
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: JACK OF ALL TRADES		OWNER: Christine Chailland		PERSON IN CHARGE: Christine Chailland	
ADDRESS: 16801 State Route P				COUNTY: Dunklin	
CITY/ZIP: Kennett 63857		PHONE: 573-752-0112		FAX:	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD					
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Other					
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled _____	
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"/>	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	Management awareness; policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	Proper use of reporting, restriction and exclusion			IN OUT N/O <input checked="" type="checkbox"/>	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/>	Proper cold holding temperatures		
IN OUT <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/>	Proper date marking and disposition		
IN OUT <input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN <input checked="" type="checkbox"/>	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
IN OUT <input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN <input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/>	Food obtained from approved source			<input checked="" type="checkbox"/>	Food additives: approved and properly used		
IN OUT <input checked="" type="checkbox"/>	Food received at proper temperature			IN <input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN <input checked="" type="checkbox"/>	Food separated and protected						
IN <input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
IN OUT <input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

Person in Charge / Title: Christine Chailland			Date: 9/15/2022		
Inspector:	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 9/23/22		



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
		Samsung	38
		Wewair	39
		2 Door	39

Code Reference	PRIORITY ITEMS 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.	Correct by (date)	Initial
4-301.12	No 3 vat sink for washing dishes, shall have 3 vat for wash, rinse and sanitizing	9/23/22	
7-202.12	Raid pesticide laying next cooler, shall be approved for food establishment	9/23/22	
5-203.11	No handsink in kitchen	9/23/22	
3-302.11	Eggs above ready to eat food in samsung cooler	9/23/22	
3-501.17	Sliced tomatoes, onions and lettuce in samsung cooler not dated	9/23/22	
4-601.11A	Food contact surfaces not being sanitized	9/23/22	
3-302.11	Ground beef laying on top of pork steaks, shall be placed below to protect from contamination	9/23/22	
3-501.17	Bologna in wewair cooler not dated, all ready to eat foods shall be dated with 7 day discard date	9/23/22	
3-302.11	Ice cream below raw ground beef	9/23/22	
6-201.11	Carpet on kitchen floors, shall be smooth, non absorbent and easily cleanable	9/23/22	
5-403.11	Mop water being discarded outside, shall be discarded in utility sink	9/23/22	

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
4-302.14	No test strips for checking sanitizer	9/23/22	
3-305.11	Cooking grill outside, shall be protected with roof and sides to prevent contamination from pest	9/23/22	
4-204.112	No thermometer in samsung refrigerator	9/23/22	
4-601.11C	Drawers soiled with food and debris, clean	9/23/22	
5-203.13	No mop sink onsite	9/23/22	
3-304.14	Wiping cloths not in sanitizer, shall be placed in sanitizer when not in use	9/23/22	
6-501.11	Raw wood shelving, shall be sealing to prevent contamination	9/23/22	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Christine Chailland	Date: 9/15/2022
Inspector: <i>Christine Chailland</i>	Telephone No. 573-888-9008
	EPHS No. 1647
	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 9/23/22