



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

TIME IN 1000 TIME OUT 1130

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: KENTUCKY FRIED CHICKEN		OWNER: Tasty Chick'n Midwest LLC	PERSON IN CHARGE: Kearra Jackson
ADDRESS: 415 INDEPENDENCE AVE		COUNTY: 069	
CITY/ZIP: KENNETT, MO 63857	PHONE: 573-888-5662	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 checked="" 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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
License No. NA		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE 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				Demonstration of Knowledge			COS	R	Compliance			Potentially Hazardous Foods			COS	R			
<input checked="" type="checkbox"/>	OUT			Person in charge present, demonstrates knowledge, and performs duties						<input checked="" type="checkbox"/>	OUT	N/O	N/A	Proper cooking, time and temperature					
				Employee Health						<input checked="" type="checkbox"/>	IN	OUT	N/A	Proper reheating procedures for hot holding					
<input checked="" type="checkbox"/>	OUT			Management awareness; policy present						<input checked="" type="checkbox"/>	OUT	N/O	N/A	Proper cooling time and temperatures					
<input checked="" type="checkbox"/>	OUT			Proper use of reporting, restriction and exclusion						<input checked="" type="checkbox"/>	OUT	N/O	N/A	Proper hot holding temperatures					
				Good Hygienic Practices						<input checked="" type="checkbox"/>	OUT	N/A		Proper cold holding temperatures					
<input checked="" type="checkbox"/>	OUT	N/O		Proper eating, tasting, drinking or tobacco use						<input checked="" type="checkbox"/>	OUT	N/O	N/A	Proper date marking and disposition					
<input checked="" type="checkbox"/>	OUT	N/O		No discharge from eyes, nose and mouth						<input checked="" type="checkbox"/>	OUT	N/O	N/A	Time as a public health control (procedures / records)					
				Preventing Contamination by Hands										Consumer Advisory					
<input checked="" type="checkbox"/>	OUT	N/O		Hands clean and properly washed						<input checked="" type="checkbox"/>	IN	OUT		Consumer advisory provided for raw or undercooked food					
<input checked="" type="checkbox"/>	OUT	N/O		No bare hand contact with ready-to-eat foods or approved alternate method properly followed										Highly Susceptible Populations					
<input checked="" type="checkbox"/>	OUT			Adequate handwashing facilities supplied & accessible						<input checked="" type="checkbox"/>	OUT	N/O	N/A	Pasteurized foods used, prohibited foods not offered					
				Approved Source										Chemical					
<input checked="" type="checkbox"/>	OUT			Food obtained from approved source						<input checked="" type="checkbox"/>	OUT	N/A		Food additives: approved and properly used					
IN	OUT	N/A		Food received at proper temperature						<input checked="" type="checkbox"/>	OUT			Toxic substances properly identified, stored and used					
<input checked="" type="checkbox"/>	OUT			Food in good condition, safe and unadulterated										Conformance with Approved Procedures					
IN	OUT	N/O		Required records available: shellstock tags, parasite destruction						IN	OUT			Compliance with approved Specialized Process and HACCP plan					
				Protection from Contamination															
<input checked="" type="checkbox"/>	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 inspection. IN = in compliance N/A = not applicable OUT = not in compliance N/O = not observed									
<input checked="" type="checkbox"/>	OUT	N/A		Food-contact surfaces cleaned & sanitized															
				Proper disposition of returned, previously served, reconditioned, and unsafe food															
IN	OUT	N/A																	

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: **Kearra Jackson**

Date: **02/06/2023**

Inspector:

Telephone No.
573-888-9008

EPHS No.
1647

Follow-up: ☐ Yes ☒ No
Follow-up Date:



PAGE 2 of 2

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