



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

TIME IN 1000 TIME OUT 1145
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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: CLARKTON PUBLIC SHCOOL		OWNER: CLARKTON PUBLIC SCHOOL		PERSON IN CHARGE: Angela Bevell	
ADDRESS: HWY 162				COUNTY: 069	
CITY/ZIP: CLARKTON, MO 63837		PHONE: 573-448-3712		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 type="checkbox"/> RESTAURANT <input checked="" 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		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> 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		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"/>	IN OUT 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"/>	IN OUT N/O	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			
<input checked="" type="checkbox"/>	IN	OUT	N/A			<input checked="" type="checkbox"/>	OUT	Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/>	IN	OUT						Conformance with Approved Procedures			
<input checked="" type="checkbox"/>	IN	OUT	N/O			<input checked="" type="checkbox"/>	OUT N/A	Compliance with approved Specialized Process and HACCP plan			
		Protection from Contamination									
<input checked="" type="checkbox"/>	OUT	N/A	Food separated and protected								
<input checked="" type="checkbox"/>	IN	OUT	N/A								
<input checked="" type="checkbox"/>	IN	OUT									
		Required records available: shellstock tags, parasite destruction									
		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"/>	<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container				<input checked="" type="checkbox"/>	<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"/>		<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"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			
						<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			

Person in Charge /Title: **Angela Bevell** *Angela Bevell* Date: **01/30/2024**

Inspector: *Stephanie P. Baker* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: **2/15/24**



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ESTABLISHMENT NAME CLARKTON PUBLIC SHCOOL		ADDRESS HWY 162		CITY /ZIP CLARKTON, MO 63837		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
MILK COOLER		37	BeansWarmer		162	
			Crispitos/Warmer		148	
Dishwasher		151				
WALK IN COOLER		37				
Walk In Freezer		5	True 3 Door		38	
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
6-501.111	Mice feces observed on lower shelving in pantry room				2/15	AB
4-601.11A	Meat slicer soiled with food and debris				2/15	AB
4-601.11A	Onion slicer soiled with food and debris				2/15	AB
3-701.11	Ice maker operational with boil water advisory inplace				COS	AB
4-703.11	Dishwasher has internal temp of 151 degrees, shall be a minimum of 160 degrees.				2/15	AB
3-701.11	Open 5-gallon container of pickles on floor, shall be refrigerated at opening, voluntarily discarded				COS	AB
3-302.11A	Ice buildup on boxes in walk in freezer, creating the potential for contamination				2/15	AB
3-302.11A	Boxes of fruit on floor under handsink drain line				2/15	AB
3-302.11A	Fly strip on ceiling above steam table				2/15	AB
	n					
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
6-501.11	Repeat: Missing two ceiling tiles in kitchen				2/15	AB
3-302.12	Multiple boxes on floor in walk in freezer, shall be atleast 6 inches off the floor				2/15	AB
6-501.16	Mops laying on floor next to rear kitchen door, shall be hung when not in use				2/15	AB
6-304.11	exhaust fan not working in employee restroom				2/15	AB
4-101.19	Duct tape on exhaust fan shoot, shall not use duct tape unable to properly clean surfaces				2/15	AB
6-201.11	Floor soiled under ware wash machine.				2/15	AB
4-101.19	Contact paper used on shelving below ware wash machine, surface shall be smooth and easily cleanable				2/15	AB
6-201.11	Floor soiled with food and debris in front stock room				2/15	AB
6-201.11	Air vent in front stock room soiled with black residue				2/15	AB
3-302.12	Unlabeled dry good in rear stock room, if not in original container shall be labeled				2/15	AB

EDUCATION PROVIDED OR COMMENTS

NRI= NEXT ROUTINE INSPCTION

Person in Charge /Title: Angela Bevill		<i>Angela Bevill</i>		Date: 01/30/2024
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			Follow-up Date: 2/15/24	