



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

TIME IN 1000	TIME OUT 1200
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: Tamia Davis
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
WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	
License No. NA	

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					IN	OUT	<input checked="" type="checkbox"/>	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					IN	OUT	<input checked="" type="checkbox"/>		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					
IN	<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	<input checked="" type="checkbox"/>	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	<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					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								
IN	<input checked="" type="checkbox"/>	OUT	N/A	Food separated and protected												
IN	<input checked="" type="checkbox"/>	OUT	N/A	Food-contact surfaces cleaned & sanitized												
IN	OUT	<input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food													

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
<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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean

Person in Charge / Title: Tamia Davis	Date: 02/14/2024
Inspector: <i>[Signature]</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. 573-888-9008	Follow-up Date: _____
EPHS No. 1647	

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