



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

TIME IN 900 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: McDonalds of Kennett | | OWNER: Darren Sells | | PERSON IN CHARGE: Robin Hatch | |
| ADDRESS: 1731 First Street | | | | COUNTY: Dunklin | |
| CITY/ZIP: Kennett, Mo 63857 | | PHONE: 573-888-9100 | | 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 checked="" 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. N/A | | | | 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 | | | <input checked="" type="checkbox"/> | OUT N/O N/A | | |
| Person in charge present, demonstrates knowledge, and performs duties | | | | Proper cooking, time and temperature | | | |
| Employee Health | | | | <input type="checkbox"/> | IN OUT <input checked="" type="checkbox"/> N/A | | |
| <input checked="" type="checkbox"/> | OUT | | | <input type="checkbox"/> | IN OUT <input checked="" type="checkbox"/> N/A | | |
| Management awareness; policy present | | | | Proper reheating procedures for hot holding | | | |
| <input checked="" type="checkbox"/> | OUT | | | <input checked="" type="checkbox"/> | OUT N/O N/A | | |
| Proper use of reporting, restriction and exclusion | | | | Proper cooling time and temperatures | | | |
| Good Hygienic Practices | | | | <input checked="" type="checkbox"/> | OUT N/A | | |
| <input checked="" type="checkbox"/> | OUT | N/O | | <input checked="" type="checkbox"/> | OUT N/O N/A | | |
| Proper eating, tasting, drinking or tobacco use | | | | Proper hot holding temperatures | | | |
| <input checked="" type="checkbox"/> | OUT | N/O | | <input checked="" type="checkbox"/> | OUT N/O N/A | | |
| No discharge from eyes, nose and mouth | | | | Proper cold holding temperatures | | | |
| Preventing Contamination by Hands | | | | <input checked="" type="checkbox"/> | OUT N/O N/A | | |
| <input checked="" type="checkbox"/> | OUT | N/O | | <input checked="" type="checkbox"/> | OUT N/O N/A | | |
| Hands clean and properly washed | | | | Proper date marking and disposition | | | |
| <input checked="" type="checkbox"/> | OUT | N/O | | <input checked="" type="checkbox"/> | OUT N/O N/A | | |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Time as a public health control (procedures / records) | | | |
| <input checked="" type="checkbox"/> | OUT | | | Consumer Advisory | | | |
| Adequate handwashing facilities supplied & accessible | | | | <input type="checkbox"/> | OUT N/A | | |
| <input checked="" type="checkbox"/> | OUT | N/A | | <input type="checkbox"/> | OUT | | |
| Approved Source | | | | Consumer advisory provided for raw or undercooked food | | | |
| <input checked="" type="checkbox"/> | OUT | | | Highly Susceptible Populations | | | |
| Food obtained from approved source | | | | <input checked="" type="checkbox"/> | OUT N/O N/A | | |
| <input type="checkbox"/> | IN | OUT | <input checked="" type="checkbox"/> | N/A | | | |
| Food received at proper temperature | | | | Pasteurized foods used, prohibited foods not offered | | | |
| <input type="checkbox"/> | IN | OUT | <input checked="" type="checkbox"/> | OUT | | | |
| Food in good condition, safe and unadulterated | | | | Chemical | | | |
| <input type="checkbox"/> | IN | OUT | <input checked="" type="checkbox"/> | N/A | | | |
| Required records available: shellstock tags, parasite destruction | | | | Food additives: approved and properly used | | | |
| <input type="checkbox"/> | IN | OUT | <input checked="" type="checkbox"/> | OUT | | | |
| Protection from Contamination | | | | Toxic substances properly identified, stored and used | | | |
| <input checked="" type="checkbox"/> | OUT | N/A | | Conformance with Approved Procedures | | | |
| Food separated and protected | | | | <input type="checkbox"/> | IN OUT <input checked="" type="checkbox"/> | | |
| <input type="checkbox"/> | IN | OUT | <input checked="" type="checkbox"/> | N/A | | | |
| Food-contact surfaces cleaned & sanitized | | | | Compliance with approved Specialized Process and HACCP plan | | | |
| <input type="checkbox"/> | 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"/> | <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 | | | | | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | <input checked="" type="checkbox"/> | <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"/> | <input checked="" type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | <input checked="" type="checkbox"/> | | Physical facilities installed, maintained, and clean | | |

Person in Charge /Title: **Robin Hatch** Date: **02/23/2024**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____



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|--|---|------------------------------|------------------------|--------------------------------|--------------------|---------------|
| ESTABLISHMENT NAME McDonalds of Kennett | | ADDRESS 1731 First Street | | CITY /ZIP Kennett, Mo 63857 | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F | |
| Frapp Cooler | | | | | | |
| Sausage/Hot Hold | | 173 | Traulsen | | | |
| Ham/Hot Hold | | 168 | Ice Cream | | 36 | |
| Gravy/Hot Hold | | | Bev Air | | | |
| Walk in Cooler | | 37 | Walk in Freezer | | 7 | |
| 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 found throughout the entire store (behind all equipment, on top of CO2 canisters, inside cooler. Evidence of mice still present with chewed up styrofoam under soda cabinets, Discussed w management that pest control company recommened fixing an area on west wall next to drive thru that could potentially allow mice to climb between wall and styrofoam and entering internally in the ceiling. All evidence of mice shall be removed and pest control records and recommendations provided at follow up inspection | | | | 2/27/24 2/27/24 | RA RA |
| 6-501.111 | Observed one live roach next to ice maker. | | | | 2/27 | RA |
| 5-403.11b | Observed strong sewer smell in lobby and next to restrooms | | | | 2/27 | RA |
| 4-6011.A | Insulation hanging out of holes in ceiling (Kitchen and CO2 Room) | | | | 2/27 | RA |
| 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 | 2 door cooler lid is broken, repair or replace | | | | 2/27 | RA |
| 6-202.15 | Side door not sealing properly | | | | 2/27 | RA |
| 6-501.11 | Missing ceiling tiles in storage room | | | | 2/27 | RA |
| 6-501.11 | Mutiple gaps around hoses that come out of ceiling, seal all gaps in ceiling | | | | 2/27 | RA |
| 6-501.11 | Hole in wall behind dumpsters, maintian in good repair | | | | 2/27 | RA |
| 6-202.15 | Observed on west outer wall, chewed insulation and appeared to be a entry point for mice | | | | 2/27 | RA |
| NRI | Next Routine Inspection | | | | | |
| COS | Corrected onsite | | | | | |

EDUCATION PROVIDED OR COMMENTS

| | |
|--------------------------------------|--|
| Person in Charge /Title: Robin Hatch | Date: 02/23/2024 |
| Inspector: <i>[Signature]</i> | Telephone No. 573-888-9008 |
| | EPHS No. 1647 |
| | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Follow-up Date: |