



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

TIME IN 815	TIME OUT 930
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: ST TERESAS ELEMENTARY SCH		OWNER: DIOCESE OF SPRINGFIELD	PERSON IN CHARGE: Holly Wallace
ADDRESS: 40648 HWY JJ (GLENNONVILLE)			COUNTY: 069
CITY/ZIP: CAMPBELL, MO 63933	PHONE: 573-328-4197	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 type="checkbox"/> PUBLIC <input checked="" 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					IN	OUT	<input checked="" type="checkbox"/> 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					IN	OUT	<input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures				
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion					IN	OUT	<input checked="" type="checkbox"/> 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					IN	OUT	N/O	<input checked="" type="checkbox"/>	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			
		Highly Susceptible Populations												
<input checked="" type="checkbox"/>	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed											
<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					<input checked="" type="checkbox"/>	OUT	N/A	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 OUT = not in compliance N/A = not applicable N/O = not observed							
IN	<input checked="" type="checkbox"/> T	N/A	Food separated and protected			<input checked="" type="checkbox"/>								
<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"/>		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"/>	<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"/>		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: Holly Wallace			Date: 9/10/2024
Inspector: <i>Christopher D. Prosser</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			



18-380-1814 (9-13)