

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

TIME IN 930	TIME OUT 1040
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: Tea-Riffic Nutritional Teas		OWNER: Romona Tyus		PERSON IN CHARGE: Romona Tyus	
ADDRESS: 313 Laclede Street				COUNTY: 069	
CITY/ZIP: Malden, MO 63863		PHONE: 573-380-4367		FAX:	
				P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L	
ESTABLISHMENT TYPE					
<input checked="" 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 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 type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<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
■	OUT			Person in charge present, demonstrates knowledge, and performs duties					IN	OUT	■	N/A	Proper cooking, time and temperature						
				Employee Health					IN	OUT	■	N/A	Proper reheating procedures for hot holding						
■	OUT			Management awareness; policy present					IN	OUT	■	N/A	Proper cooling time and temperatures						
■	OUT			Proper use of reporting, restriction and exclusion					■	OUT	N/O	N/A	Proper hot holding temperatures						
				Good Hygienic Practices					■	OUT	N/A		Proper cold holding temperatures						
■	OUT	N/O		Proper eating, tasting, drinking or tobacco use					■	OUT	N/O	N/A	Proper date marking and disposition						
■	OUT	N/O		No discharge from eyes, nose and mouth					IN	OUT	N/O	■	Time as a public health control (procedures / records)						
				Preventing Contamination by Hands									Consumer Advisory						
■	OUT	N/O		Hands clean and properly washed					IN	OUT	■		Consumer advisory provided for raw or undercooked food						
■	OUT	N/O		No bare hand contact with ready-to-eat foods or approved alternate method properly followed									Highly Susceptible Populations						
■	OUT			Adequate handwashing facilities supplied & accessible					■	OUT	N/O	N/A	Pasteurized foods used, prohibited foods not offered						
				Approved Source									Chemical						
■	OUT			Food obtained from approved source					■	OUT	N/A		Food additives: approved and properly used						
IN	OUT	■	N/A	Food received at proper temperature					■	OUT			Toxic substances properly identified, stored and used						
■	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					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										
■	OUT	N/A		Food separated and protected															
■	OUT	N/A		Food-contact surfaces cleaned & sanitized															
IN	OUT	■		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	COS	R
X		Pasteurized eggs used where required			X		In-use utensils: properly stored		
X		Water and ice from approved source			X		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used					Utensils, Equipment and Vending		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
X		Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X		Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge /Title: Romona Tyus

Date: 11/13/2024

Inspector: Blacks P.K. Telephone No. 573-888-9008

EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date:
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