



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

TIME IN 1300	TIME OUT 1335
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: <b>Pizza Hut</b>	OWNER: <b>Tom Jorgensen</b>	PERSON IN CHARGE: <b>Susan McBurnett</b>
ADDRESS: <b>1738 Bootheel Plaza Shopping Ctr, Ste 125</b>		COUNTY: <b>Dunklin</b>
CITY/ZIP: <b>Kennett, 63857</b>	PHONE:	FAX:
P.H. PRIORITY : <input type="checkbox"/> H <input checked="" 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 type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other
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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 _____
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**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/O	■	Proper cooking, time and temperature				
			Employee Health					IN	OUT	N/O	■	Proper reheating procedures for hot holding				
■	OUT		Management awareness; policy present					IN	OUT	N/O	■	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				
IN	OUT	■	Proper eating, tasting, drinking or tobacco use					■	OUT	N/O	N/A	Proper date marking and disposition				
IN	OUT	■	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				
IN	OUT	■	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
<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"/>		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: <b>Susan McBurnett</b>	Date: <b>12/16/2024</b>
Inspector: <i>Christopher D. Rife</i>	Telephone No. <b>573-888-9008</b>
EPHS No. <b>1647</b>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: _____

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