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

TIME IN 1330	TIME OUT 1500
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: STRAWBERRY MIDTOWN REC.	OWNER: JERRY HOLSTEN	PERSON IN CHARGE: Cindy Wamble
ADDRESS: 107 MAIN STREET		COUNTY: 069
CITY/ZIP: HOLCOMB, MO 63852	PHONE: 573-792-9689 / FAX:	P.H. PRIORITY : ■ H ☐ M ☐ L

ESTABLISHMENT TYPE
☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDORS
■ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ SUMMER F.P. ☐ TAVERN ☐ TEMP.FOOD

PURPOSE
☐ Pre-opening ■ Routine ☐ Follow-up ☐ Complaint ☐ Other

FROZEN DESSERT	SEWAGE DISPOSAL	WATER SUPPLY
☐ Approved ☐ Disapproved License No. NA	■ PUBLIC ☐ PRIVATE	■ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE 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
■ OUT	Person in charge present, demonstrates knowledge, and performs duties		
	Employee Health		
■ OUT	Management awareness; policy present		
■ OUT	Proper use of reporting, restriction and exclusion		
	Good Hygienic Practices		
■ OUT N/O	Proper eating, tasting, drinking or tobacco use		
■ OUT N/O	No discharge from eyes, nose and mouth		
	Preventing Contamination by Hands		
■ OUT N/O	Hands clean and properly washed		
■ OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed		
■ OUT	Adequate handwashing facilities supplied & accessible		
	Approved Source		
■ OUT	Food obtained from approved source		
IN OUT ■ N/A	Food received at proper temperature		
■ OUT	Food in good condition, safe and unadulterated		
IN OUT N/O ■	Required records available: shellstock tags, parasite destruction		
	Protection from Contamination		
■ OUT N/A	Food separated and protected		
■ OUT N/A	Food-contact surfaces cleaned & sanitized		
■ OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food		

Compliance	Potentially Hazardous Foods	COS	R
IN OUT ■ N/A	Proper cooking, time and temperature		
IN OUT ■ N/A	Proper reheating procedures for hot holding		
IN OUT ■ N/A	Proper cooling time and temperatures		
■ OUT N/O N/A	Proper hot holding temperatures		
■ OUT N/A	Proper cold holding temperatures		
■ OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O ■	Time as a public health control (procedures / records)		
	Consumer Advisory		
■ OUT N/A	Consumer advisory provided for raw or undercooked food		
	Highly Susceptible Populations		
■ OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Chemical		
■ OUT N/A	Food additives: approved and properly used		
■ OUT	Toxic substances properly identified, stored and used		
	Conformance with Approved Procedures		
IN OUT ■	Compliance with approved Specialized Process and HACCP plan		

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
X		Pasteurized eggs used where required		
X		Water and ice from approved source		
		Food Temperature Control		
X		Adequate equipment for temperature control		
X		Approved thawing methods used		
	X	Thermometers provided and accurate	X	
		Food Identification		
X		Food properly labeled; original container		
		Prevention of Food Contamination		
X		Insects, rodents, and animals not present		
X		Contamination prevented during food preparation, storage and display		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry		
X		Wiping cloths: properly used and stored		
X		Fruits and vegetables washed before use		

IN	OUT	Proper Use of Utensils	COS	R
X		In-use utensils: properly stored		
X		Utensils, equipment and linens: properly stored, dried, handled		
X		Single-use/single-service articles: properly stored, used		
X		Gloves used properly		
		Utensils, Equipment and Vending		
X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Warewashing facilities: installed, maintained, used; test strips used		
X		Nonfood-contact surfaces clean		
		Physical Facilities		
X		Hot and cold water available; adequate pressure		
X		Plumbing installed; proper backflow devices		
X		Sewage and wastewater properly disposed		
	X	Toilet facilities: properly constructed, supplied, cleaned	X	
X		Garbage/refuse properly disposed; facilities maintained		
X		Physical facilities installed, maintained, and clean		

Person in Charge /Title: Cindy Wamble		Date: 09/17/2025
Inspector:	Telephone No. 573-888-9008 / EPHS No. 1647	Follow-up: ☐ Yes ☑ No Follow-up Date:

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PAGE 2 of 2	

ESTABLISHMENT NAME	ADDRESS	CITY /ZIP
STRAWBERRY MIDTOWN REC.	107 MAIN STREET	HOLCOMB, MO 63852

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
West		Pork steak/Hot Hold	149
Central Coleslaw	39	Empura	-6
Atosa Deli Prep	37	Smokehouse (True)	40
West WIC	40	Smokehouse (Saturn)	40
West WIF	11	Walk in Cooler Central	39

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

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
4-204.112	No thermometer in True cooler in west kitchen	COS	
5-501.17	No lid on womens restroom trashcan in central kitchen	CIP	
COS	Corrected onsite		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Cindy Wamble			Date: 09/17/2025
Inspector:	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: ☐ Yes ☑ No Follow-up Date: