



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

TIME IN 1100 TIME OUT 1210  
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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>DOMINO'S</b>		OWNER: <b>SHANE HOLLOWAY</b>		PERSON IN CHARGE: <b>JUSTIN EASTLAND</b>	
ADDRESS: <b>630 COTTONWOOD PLAZA</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>KENNETT, MO 63857</b>		PHONE: <b>573-559-1600</b>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE					
<input checked="" type="checkbox"/> BAKERY	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> C. STORE	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> CATERER	<input type="checkbox"/> SENIOR CENTER
<input type="checkbox"/> DELI	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> TAVERN	<input type="checkbox"/> INSTITUTION	<input type="checkbox"/> TEMP. FOOD
<input type="checkbox"/> MOBILE VENDORS					
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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> PUBLIC	<input type="checkbox"/> PRIVATE	<input checked="" type="checkbox"/> COMMUNITY	<input type="checkbox"/> NON-COMMUNITY
<input type="checkbox"/> PRIVATE	Date Sampled _____ Results _____				
License No. <u>NA</u>					

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			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O 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		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<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			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<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						

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					Warewashing facilities: installed, maintained, used; test strips used		
	<input checked="" type="checkbox"/>	Food properly labeled; original container	<input checked="" type="checkbox"/>		<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>JUSTIN EASTLAND</b>			Date: <b>01/30/2019</b>		
Inspector: <i>Christopher D. ...</i>		Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Follow-up Date: _____	



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ESTABLISHMENT NAME <b>DOMINO'S</b>		ADDRESS <b>630 COTTONWOOD PLAZA</b>	CITY/ZIP <b>KENNETT, MO 63857</b>
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
DINING ROOM COOLER	39	SAUSAGE/ PREP LINE	36
COKE DOUBLE DOOR COOLER	39	WALKIN COOLER	39
PIZZA PREP COOLER	39		
HAM/ PIZZA PREP LINE	38		
TOMATO/PREP LINE	38		

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>		
3-302.12	CONTAINER STORING DRY GOODS (CORN MEAL) NOT LABELED	COS	JF
4-601.11C	OBSERVED FOOD AND DEBRI UNDER CABINET IN THE KIOSK TO GO AREA, CLEAN AND SANITIZE	NRI	JF

COS	CORRECTED ON SITE		
NRI	NEXT ROUTINE INSPECTION		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <b>JUSTIN EASTLAND</b>		Date: <b>01/30/2019</b>
Inspector:	Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date: