



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

TIME IN 1000    TIME OUT 1200  
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:<br><b>Hardees</b>  |  | OWNER:<br><b>Tri-CO Development</b>  |  | PERSON IN CHARGE:<br><b>Clark Duckett</b>   |  |
| ADDRESS:<br><b>908 W Douglass</b>  |  |  |  | COUNTY:<br><b>Dunklin</b>   |  |
| CITY/ZIP:<br><b>Malden, MO 63863</b>   |  | PHONE:<br><b>573-276-4558</b>  |  | FAX:  |  |
| ESTABLISHMENT TYPE<br><input 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<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved   |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE   |  | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |  |
| License No. _____  |  |  |  |   |  |

| 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   |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Employee Health<br>Management awareness; policy present                                     |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding  |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Proper use of reporting, restriction and exclusion  |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Proper cooling time and temperatures   |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Good Hygiene Practices<br>Proper eating, tasting, drinking or tobacco use                   |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Proper hot holding temperatures  |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | No discharge from eyes, nose and mouth  |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Proper cold holding temperatures   |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Preventing Contamination by Hands<br>Hands clean and properly washed                        |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Proper date marking and disposition  |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records)                                       |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Adequate handwashing facilities supplied & accessible                                       |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food                                       |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Approved Source<br>Food obtained from approved source                                       |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Highly Susceptible Populations<br>Pasteurized foods used, prohibited foods not offered       |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Food received at proper temperature   |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Chemicals<br>Food additives: approved and properly used                                      |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Food in good condition, safe and unadulterated  |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Compliance with Approved Procedures<br>Toxic substances properly identified, stored and used |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Required records available: shellstock tags, parasite destruction                           |     |   | IN    OUT <input checked="" type="checkbox"/> N/A | Compliance with Approved Specialized Process and HACCP plan                                  |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Protection from Contamination<br>Food separated and protected                               |     |   | IN    OUT <input checked="" type="checkbox"/> N/A |  |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Food-contact surfaces cleaned & sanitized   |     |   | IN    OUT <input checked="" type="checkbox"/> N/A |  |     |   |  |
| <input checked="" type="checkbox"/>  | OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   | IN    OUT <input checked="" type="checkbox"/> N/A |  |     |   |  |

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                       |     |   |
| <input checked="" type="checkbox"/>   |     | Food Temperature Control<br>Adequate equipment for temperature control              |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/>   |     | Approved thawing methods used   |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/>   |     | Thermometers provided and accurate  |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <input checked="" type="checkbox"/>   |     | Food Identification<br>Food properly labeled; original container                    |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/>   |     | Prevention of Food Contamination<br>Insects, rodents, and animals not present       |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
| <input checked="" type="checkbox"/>   |     | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/> |     | Physical Facilities<br>Hot and cold water available; adequate pressure                |     |   |
| <input checked="" type="checkbox"/>   |     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/>   |     | Wiping cloths: properly used and stored   |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/>   |     | Fruits and vegetables washed before use   |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/>   |     |   |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
| <input checked="" type="checkbox"/>   |     |   |     |   | <input checked="" type="checkbox"/> |     | Physical facilities installed, maintained, and clean                                  |     |   |

|  |                                   |                         |  |
|--|-----------------------------------|-------------------------|--|
| Person in Charge / Title: <b>Clark Duckett</b> |                                   | Date: <b>08/05/2020</b> |  |
| Inspector: <i>[Signature]</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: _____   |  |

