

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

TIME IN 900			TIME OUT 1100
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NEXT SOUTINE II	NSPEC	CTION OR SIL	Y, THE ITEMS NOTE CH SHORTER PERI CTIONS SPECIFIED	OD OF TIME AS MA	Y BE SPEC	IFIED I	1 MKL	TING BY T	HE REGU	LA FORY AUTHOR	MUST BE CORRE RITY, FAILURE TO	CTED BY THE COMPLY
					BAYLEY,INC					Stephanie McNew		
ADDRESS: 506 ST FRANCIS STREET									COOMIA:0	COUNTY: 069		
CITY/ZIP: KENNETT, MO 63857 PHONE: 573-888-8888				FAX:				P.H. PRIOR	ITY: H	M L		
ESTABLISHMENT TYPE  BAKERY  C. STORE CATERER  DELI GROCERY STORE INSTITUTION  MOBILE VENDORS  TEMP.FOOD												
PURPOSE Pre-opening Routine Follow-up Complaint Other												
FROZEN DESSERT  ☐ Approved ☐ Disapproved  SEWAGE DISPOSAL  ☐ PRIVATE  ☐ PRIVATE  ☐ Date Sampled Results												
License No. NA				RISK FACT								
Risk factors are	food p	reparation prac	ctices and employee ealth interventions a	behaviors most com	monly report	ed to the	Cent	ers for Dis	ease Conti	rol and Prevention	as contributing fact	tors in
Compliance	cutore	D	emonstration of Kno	vledge:	COS R	Con	pliance	ss of rigory		Peterikally Hazan	fous Foods	COS R
■ OL	TL	Person in cha and performs	arge present, demions dutles	trates knowledge.		IN OUT N/A Proper cooking, time and temperature						
M OU	17	Management	Employee Healt awareness; policy pr	h esent				N/A N/A		eheating procedure ooling time and ten		
OU		Proper use of	reporting, restriction	and exclusion			UT I	V/O N/A	Proper h	ot holding temperators	tures	
OUT	N/O		Good Hygeenic Prac , testing, drinking or t			- C	TUO 1 TU	N/A O/N	Proper de	ate marking and dis	sposition	
OUT	N/O	_	from eyes, nose and			IN C	I TU	N/O N	records)	a public health con		
OUT	N/O	Hands clean	ewing Containington and properly washed	Cymanus		IN	OUT	18	Consume	er advisory provide oked food	d for raw or	
■ OUT	N/O	No bare hand contact with ready-to-eat foods or								Highly Suscept ble	Popusions:	
ua u	JT	approved alternate method properly followed  Adequate handwashing facilities supplied & accessible					I TU	N/O N/A	Pasteuriz offered	zed foods used, pro	phibited foods not	
OU.							OUT	N/A	Food add	ditives: approved a	at nd properly used	
IN OUT N		Food obtained from approved source  A Food received at proper temperature				IN Car Toxic substances properly identified, stored and used						
OUT Food in good condition, safe and unadulterated  IN OUT N/O N Required records available: shellstock tags, parasite				IN OUT N Compliance With approved Specialized Process and HACCP plan								
114 001 110		destruction	owation from Conten	nination								
OUT	N/A		ed and protected				etter to	the left of	each item	indicates that item	n's status at the tim	e of the
■ OUT	N/A		surfaces cleaned &			1	N = in	complianc t applicable		OUT = not in N/O = not of		
IN OUT	r III		sition of returned, pre l, and unsafe food	viously served,		IN/	4 – NO	г аррисаон		14/O - Mai di	1961 AFG	
		CI C-t-il D-	actices are preventat	GO(	DD RETAIL	PRACT	CES of nath	onens ch	micals er	nd physical phiects	into foods.	
IN OUT			actices are prevental for Food and Water		COS R	IN	OUT			roper Use of Literis	is .	COS R
×	Paster	ırized eggs use	ed where required			×		In-use u	tensils: pro	perly stored nt and linens: prope		
×	Water		pproved source			×		handled				
	٧٩	Food	Temperature Contro for temperature cont	ral		X			se/single-s sed prope	service articles: pro erly	perly stored, used	
		ate equipment ved thawing ma		101		Î			Ubansile	s, Equipoxent and 1		
	Therm	ometers provid	led and accurate			×		designed	d, construc	-contact surfaces c :ted, and used		
			and Identification			×		Warewa	shing facili	ities: installed, mair	ntained, used; test	
×	Food properly labeled; original container				×		Nanfood	-contact si	urfaces clean			
×	Insects, rodents, and animals not present				Plysics Fischities      Hot and cold water available; adequate pressure							
Y	Contamination prevented during food preparation, storage and display					×		Plumbin	g installed;	; proper backflow d	evices	
~	Personal cleanliness: clean outer clothing, hair restraint,					×		Sewage	and waste	water properly disp	posed	
	lingernalis and jewelly						×			perly constructed,		
X						×				operly disposed; fa nstalled, maintaine		
Person in Cha	rge /Ti	<sup>itle:</sup> Stepha	anie McNew	a Steam	in M	51/	2	inyarudi		oate: 09/24/2		1
Inspector:	Telephone No.   Follow-up:   Yes   No											
MD 580-1914-0-13)	K.	she /	thell	DISTRIBUTION: WHITE-	88-9008 OWNER'S COP	γ		CANARY - FI		ollow-up Date:		E5.37



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ESTABLISHMEN HUCKS	NT NAME FOOD & FUEL #321	506 ST FRANCI	S STREET	CITY/ZIP KENNETT, MO	63857		
FO	OOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRO	DUCT/ LOCATION	TEMP. in " F		
SANI	DWICH DISPLAY COOLER	40	Chicken S	145			
TURK	(EY SUB/ DISPLAY COOLER	38		LEFT WARMER	148		
DELI WALK IN COOLER		40	Ice Ci	-10			
BEVE	ERAGE WALK IN COOLER	37	RIGHT WARME	R/Sausage Egg Biscuit	13	9	
	BLUE AIR COOLER	33	v imenie		Covrectisy	in Kal	
Code Reference	Priority tame contribute directly to the or injury. These items MUST RECEN	PRIORITE ACTION WITH BEING ACTION WITH B	ton to an acceptable level, 1 72 hours or as stated.	azerds associated with foodborne ill	ness (dale)		
4-703.11	Using soap in bucket to wipe dow	n contact surfaces, shall use	sanitizer and correct cor	ncentrations	COS	Sim	
Code Reference 4-204.112 6-501.11 6-501.11	Core flams relate to general sanifiation standard operating procedures (SSOF Thermometer missing from de Coving missing on west wall in Exhaust fan hood missing in restr	's). These items are to be con li display cooler n kitchen due to vehicle a	v struzukes, zou przent ces acted by the next regular	gr. genera maintenance or sendatio napaction or as stated.	Correct by date!  Correct by date!  Correct by Correct	SUM SUM SUM	
COS	Corrected onsite Correction in progress						
		EDUCATION PRO	VIDED OR COMMENTS	¥			
Person in C	<sup>tharge /Title:</sup> Stephanie McN	lew 9 Atealan	uin MAn	Date: 09/24	/2020		
Inspector	how Oth	Telephone   573-888-9	Na. EPHS N 008 1647	o. Follow-up: Follow-up Date	☐ Yes	□ No	