



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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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: **HUCKS FOOD & FUEL #321** OWNER: **MARTIN & BAYLEY, INC** PERSON IN CHARGE: **Stephanie McNew**
ADDRESS: **506 ST FRANCIS STREET** COUNTY: **069**
CITY/ZIP: **KENNETT, MO 63857** PHONE: **573-888-8888** 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: Approved Disapproved
SEWAGE DISPOSAL: PUBLIC PRIVATE
WATER SUPPLY: COMMUNITY NON-COMMUNITY PRIVATE
Date Sampled: _____ Results: _____
License No. **NA**

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"/>	Person in charge present, demonstrates knowledge, and performs duties			IN	OUT <input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/>	Employee Health			IN	OUT <input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/>	Management awareness; policy present			IN	OUT <input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	Good Hygienic Practices			<input checked="" type="checkbox"/>	OUT N/A		
<input checked="" type="checkbox"/>	Proper eating, testing, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN	OUT N/O <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	Preventing Contamination by Hands			IN	OUT <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	Hands clean and properly washed						
<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						
<input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT N/O N/A		
<input checked="" type="checkbox"/>	Approved Source			<input checked="" type="checkbox"/>	OUT N/A		
IN	Food obtained from approved source			IN	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	Food received at proper temperature						
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated						
IN	Required records available: shellstock tags, parasite destruction			IN	OUT <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	Protection from Contamination						
<input checked="" type="checkbox"/>	Food separated and protected						
<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
IN	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
N/A = not applicable
OUT = not in compliance
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			<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 Thawing		
	<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			<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		
<input checked="" type="checkbox"/>		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: **Stephanie McNew** *Stephanie McNew* Date: **09/24/2020**

Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____

