



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

TIME IN 1045 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: **Holcomb School** OWNER: **Holcomb School Dist. RIII** PERSON IN CHARGE: **Frannie Evans**
 ADDRESS: **102 Cherry Street** COUNTY: **069**
 CITY/ZIP: **Holcomb, MO 63852** PHONE: **573-792-3362** 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"/> 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 | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | IN OUT <input checked="" type="checkbox"/> 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 | | |
| <input checked="" type="checkbox"/> OUT N/O | Good Hygiene 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) | | |
| <input checked="" type="checkbox"/> OUT N/O | Preventing Contamination by Hands | | | IN OUT <input checked="" type="checkbox"/> | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | <input checked="" type="checkbox"/> OUT N/O N/A | Pasteurized foods used, prohibited foods not offered | | |
| <input checked="" type="checkbox"/> OUT | Approved Source | | | <input checked="" type="checkbox"/> OUT N/A | Food additives: approved and properly used | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Food obtained from approved source | | | IN <input checked="" type="checkbox"/> | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> OUT | Food received at proper temperature | | | <input checked="" type="checkbox"/> OUT N/A | Compliance with approved Specialized Process and HACCP plan | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | | | |
| IN OUT N/O <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | | | | |
| <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 |
|----|-----|---|-----|---|----|-----|---|-----|---|
| X | | Pasteurized eggs used where required | | | X | | In-use utensils: properly stored | | |
| X | | Water and ice from approved source | | | X | | Utensils, equipment and linens: properly stored, dried, handled | | |
| X | | Adequate equipment for temperature control | | | X | | Single-use/single-service articles: properly stored, used | | |
| X | | Approved thawing methods used | | | X | | Gloves used properly | | |
| X | | Thermometers provided and accurate | | | X | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| X | | Food properly labeled; original container | | | X | | Warewashing facilities: installed, maintained, used; test strips used | | |
| X | | Insects, rodents, and animals not present | | | X | | Nonfood-contact surfaces clean | | |
| X | | Contamination prevented during food preparation, storage and display | | | X | | Hot and cold water available; adequate pressure | | |
| X | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | X | | Plumbing installed; proper backflow devices | | |
| X | | Wiping cloths: properly used and stored | | | X | | Sewage and wastewater properly disposed | | |
| X | | Fruits and vegetables washed before use | | | X | | Toilet facilities: properly constructed, supplied, cleaned | | |
| X | | | | | X | | Garbage/refuse properly disposed; facilities maintained | | |
| X | | | | | X | | Physical facilities installed, maintained, and clean | | |

Person in Charge /Title: **Frannie Evans** *Frannie Evans* Date: **10/07/2020**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____



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| | | |
|---|-------------------------------------|--------------------------------------|
| ESTABLISHMENT NAME Holcomb School | ADDRESS 102 Cherry Street | CITY/ZIP Holcomb, MO 63852 |
|---|-------------------------------------|--------------------------------------|

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|-------------------------|--------------|
| Chili/Hot Hold | 170 | US Walk in cooler | 38 |
| True Dairy Cooler | 37 | Jamolite walk in cooler | 37 |
| Rear Dairy Cooler | 36 | Walk in Freezer | 9 |
| Amana Refrigerator | 40 | Dishwasher | |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initials |
|----------------|--|-------------------|----------|
| | 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. | | |

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| Code Reference | CORE ITEMS | Correct by (date) | Initials |
|----------------|---|-------------------|----------|
| | 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. | | |

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|-----|-------------------------|--|--|
| NRI | NEXT ROUTINE INSPECTION | | |
| COS | CORRECTED ONSITE | | |
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| EDUCATION PROVIDED OR COMMENTS | |
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|---|-----------------------------------|--|
| Person in Charge /Title: Frannie Evans | <i>Frannie Evans</i> | Date: 10/07/2020 |
| Inspector: <i>Clayton Phillips</i> | Telephone No. 573-888-9008 | EPHS No. 1647 |
| | | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Follow-up Date: _____ |