



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

TIME IN 1030 TIME OUT 1130
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: The Rubber Duck		OWNER: Robert Hankins		PERSON IN CHARGE: Robert Hankins			
ADDRESS: Hwy 25				COUNTY: Dunklin			
CITY/ZIP: Malden, MO 63863		PHONE: 573-276-3804		FAX:			
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other							
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD		FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	
WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled _____		PRIVATE 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"/>	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/>	Employee Health			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	Management awareness; policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	Proper use of reporting, restriction and exclusion			IN OUT N/O <input checked="" type="checkbox"/>	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/>	Preventing Contamination by Hands			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			IN OUT N/O <input checked="" type="checkbox"/>	Highly Susceptible Populations		
<input checked="" type="checkbox"/>	Approved Source			IN OUT <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
IN OUT <input checked="" type="checkbox"/> N/A	Food obtained from approved source			<input checked="" type="checkbox"/>	Chemical		
<input checked="" type="checkbox"/>	Food received at proper temperature			IN OUT <input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with Approved Procedures		
IN OUT <input checked="" type="checkbox"/>	Food separated and protected				Compliance with approved Specialized Process and HACCP plan		
IN OUT <input checked="" type="checkbox"/>	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		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used					Utensils, Equipment and Vending		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled: original container			X		Nonfood-contact surfaces clean		
X		Prevention of Food Contamination					Physical Facilities		
X		Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X		Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Robert Hankins				Date: 12/7/2020	
Inspector: <i>[Signature]</i>		Telephone No. 573-888-9008		EPHS No. 1647	
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Follow-up Date: _____	



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ESTABLISHMENT NAME The Rubber Duck	ADDRESS Hwy 25	CITY / ZIP Malden, MO 63863
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Pepsi Cooler	38		
7up Cooler	37		
Walk in Cooler	35		

Code Reference	PRIORITY ITEMS <small>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.</small>	Correct By (date)	Initial
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Code Reference	CORE ITEMS <small>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.</small>	Correct by (date)	Initial
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5-205.15B	Repeat: Restroom hand sink has badly damaged surface in basin, repair or replace	NRI	
6-304.11	Ventilation not working in restroom, repair or replace	NRI	
NRI	Next Routine Inspection		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Robert Hankins <i>Robert Hankins</i>	Telephone No. 573-888-9008	EPHS No. 1647	Date: 12/7/2020
Inspector: <i>Charles P. ...</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: _____	