



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

TIME IN 900 TIME OUT 1000
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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: ULTIMATE FITNESS		OWNER: RGSG, LLC		PERSON IN CHARGE: Corbin Tice	
ADDRESS: 1012 ST FRANCIS ST				COUNTY: 069	
CITY/ZIP: KENNETT, MO 63857		PHONE: 573-888-9000		FAX:	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input 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					
PURPOSE <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 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled _____	
License No. NA		PRIVATE Results _____			

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"/>	Management awareness; policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	Proper use of reporting, restriction and exclusion			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			IN OUT N/O <input checked="" type="checkbox"/>	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
IN	Adequate handwashing facilities supplied & accessible			IN OUT N/O <input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/>	Food obtained from approved source			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
IN	Food received at proper temperature			IN OUT N/O <input checked="" type="checkbox"/>	Highly Susceptible Populations		
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated			IN OUT N/O <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
IN	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Food additives: approved and properly used		
IN	Food separated and protected			IN OUT <input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
IN	Food-contact surfaces cleaned & sanitized			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
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 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		Utensils, equipment and linens: properly stored, dried, handled		
X		Food properly labeled: original container			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
	X	Insects, rodents, and animals not present			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Contamination prevented during food preparation, storage and display			X		Nonfood-contact surfaces clean		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Hot and cold water available; adequate pressure		
X		Wiping cloths: properly used and stored			X		Plumbing installed; proper backflow devices		
X		Fruits and vegetables washed before use			X		Sewage and wastewater properly disposed		
					X		Toilet facilities: properly constructed, supplied, cleaned		
					X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Corbin Tice			Date: 12/08/2020		
Inspector: <i>Chadwick</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: 12/11/2020	



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/LOCATION	TEMP. in ° F
COOLER	37		

Code Reference	PRIORITY ITEMS 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.	Correct By (date)	Initial
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6-501.111	Mice feces under sink cabinet	12/11/20	CT
6-501.111	Multiple dead and live roaches in cabinets and refrigerator	12/11/20	CT
4-601.11A	Ice maker baffles soiled with black residue	12/11/20	CT

Code Reference	CORE ITEMS 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.	Correct By (date)	Initial
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6-301..11	Repeat; NO TOWELS AT HANDWASHING SINK,	COS	CT
4-204.112	Thermometer missing from refrigerator	12/11/20	CT
5-205.11A	Hand sink is blocked with black towels, sink is for hand washing only	12/11/20	CT
4-302.14	No test kit for sanitizer	12/11/20	CT

COS	CORRECTED ONSITE		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Corbin Tice <i>Corbin Tice</i>	Date: 12/08/2020
Inspector: <i>Chick PRL</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Telephone No. 573-888-9008	Follow-up Date: 12/11/2020
EPHS No. 1647	