



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

TIME IN	1000	TIME OUT	1130
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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: Bills BBQ		OWNER: Bob & Joan Horton		PERSON IN CHARGE: Edd Horton	
ADDRESS: 700 St Francis Street				COUNTY: Dunklin	
CITY/ZIP: Kennett, MO 63857		PHONE: 888-8887		FAX:	
ESTABLISHMENT TYPE		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L			
<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 checked="" 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 type="checkbox"/> Routine <input checked="" 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 <input type="checkbox"/> PRIVATE Date Sampled _____ 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			<input checked="" type="checkbox"/>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/>	Management awareness; policy present			<input type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	Proper use of recertification, restriction and exclusion			<input type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	Proper hot holding temperatures		
<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			<input type="checkbox"/>	Proper cold holding temperatures		
<input type="checkbox"/>				<input type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/>	Hands clean and properly washed			<input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	Food obtained from approved source			<input type="checkbox"/>	Highly Susceptible Populations		
<input checked="" type="checkbox"/>	Food received at proper temperature			<input type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input type="checkbox"/>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	Food separated and protected			<input checked="" type="checkbox"/>	Conformance with Approved Procedures		
<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized			<input type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
<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	COS	R	IN	OUT	COS	R
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<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"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	Gloves used properly		
<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 properly labeled: original container			<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	Physical facilities		
<input checked="" type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
				<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
				<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
				<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: Edd Horton				Date: 01/20/2021			
Inspector:		Telephone No. 573-888-9008		EPHS No. 1647		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						Follow-up Date: 3 months	



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ESTABLISHMENT NAME Bills BBQ		ADDRESS 700 St Francis Street		CITY/ZIP Kennett, MO 63857	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F
Baked Beans		148	Kenmore smokehouse		7
Delfield		35	Helmer		32
Prep Cooler		37	Kenmore		35
Delfield		39	Glass freezer		-5

Code Reference	PRIORITY ITEMS	Correct By (date)	Initial
4-601.11A	Open Potato salad not dated in prep cooler	4	COS

Code Reference	CORE ITEMS	Correct By (date)	Initial
4-601.11C	Prep wall soiled with food (wash, rinse and sanitize)	4	[Signature]
6-501.16	Mops laying on floor, hang to allow them to air dry	3	[Signature]

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Edd Hortory <i>[Signature]</i>		Date: 01/20/2021	
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 3 months