



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

TIME IN 900 TIME OUT 1030
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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: SOUTHLAND C-9 SCHOOL		OWNER: SOUTHLAND C-9 SCHOOL DISTRICT		PERSON IN CHARGE: Shannon Wilson	
ADDRESS: 500 S MAIN				COUNTY: 069	
CITY/ZIP: CARDWELL, MO 63829		PHONE: 573-654-3574		FAX:	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> MOBILE VENDORS		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 type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. NA				Date Sampled _____ 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"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Person in charge present, demonstrates knowledge, and performs duties							
<input checked="" type="checkbox"/>	OUT			IN	OUT N/O N/A		
Management awareness: policy present							
<input checked="" type="checkbox"/>	OUT			IN	OUT N/O N/A		
Proper use of reporting, restriction and exclusion							
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper eating, tasting, drinking or tobacco use							
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
No discharge from eyes, nose and mouth							
<input checked="" type="checkbox"/>	OUT			IN	OUT N/O N/A		
Hands clean and properly washed							
<input checked="" type="checkbox"/>	OUT			IN	OUT		
No bare hand contact with ready-to-eat foods or approved alternate method properly followed							
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Adequate handwashing facilities supplied & accessible							
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
Food obtained from approved source							
IN	OUT			<input checked="" type="checkbox"/>	OUT		
Food received at proper temperature							
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
Food in good condition, safe and unadulterated							
IN	OUT			<input checked="" type="checkbox"/>	OUT N/A		
Required records available: shellstock tags, parasite destruction							
<input checked="" type="checkbox"/>	OUT			The letter to the left of each item indicates that item's status at the time of the inspection.			
<input checked="" type="checkbox"/>	OUT			IN = in compliance OUT = not in compliance			
IN	OUT			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
<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"/>		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"/>		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"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Shannon Wilson** *Shannon Wilson* Date: **01/28/2021**

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

