



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

TIME IN 1030	TIME OUT 1140
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: <b>DOWNTOWN BISTRO</b>		OWNER: <b>HARALABAS HRISSIKOS</b>		PERSON IN CHARGE: <b>Hristos Hrissikos</b>	
ADDRESS: <b>101 SOUTHSIDE SQUARE</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>KENNETT, MO 63857</b>		PHONE: <b>573-888-7943</b>	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
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. <b>NA</b>		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	Demonstrator 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					Proper cooking, time and temperature		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Management awareness; policy present					Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper use of reporting, restriction and exclusion					Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Proper eating, tasting, drinking or tobacco use					Proper hot holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
No discharge from eyes, nose and mouth					Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O <input checked="" type="checkbox"/>		
Time as a public health control (procedures / records)					Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/A		
Hands clean and properly washed					Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT N/O N/A		
No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/O N/A		
Adequate handwashing facilities supplied & accessible					Food additives: approved and properly used		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT N/A		
Food obtained from approved source					Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT		
Food received at proper temperature					Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT		
Food in good condition, safe and unadulterated							
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT		
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							
<input checked="" type="checkbox"/>	OUT						
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"/>	<input checked="" type="checkbox"/>		
Safe Food and Water				Proper Use of Utensils			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Pasturized eggs used where required				In-use utensils: properly stored			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Water and ice from approved source				Utensils, equipment and linens: properly stored, dried, handled			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Food Temperature Control				Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Adequate equipment for temperature control				Gloves used properly			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Approved thawing methods used				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Thermometers provided and accurate				Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Food Identification				Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Food properly labeled: original container				Physical Facilities			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Prevention of Food Contamination				Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Insects, rodents, and animals not present				Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Contamination prevented during food preparation, storage and display				Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Wiping cloths: properly used and stored				Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Fruits and vegetables washed before use				Physical facilities installed, maintained, and clean			

Person in Charge / Title: <b>Hristos Hrissikos</b>			Date: <b>02/09/2021</b>		
Inspector: <i>Charles...</i>		Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Follow-up Date: _____	

