



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

TIME IN 930 TIME OUT 1045  
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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: <b>The Sunshine Cafe</b>		OWNER: <b>Candace Crossno</b>		PERSON IN CHARGE: <b>Sue Crossno</b>	
ADDRESS: <b>117 W Commercial Street</b>				COUNTY: <b>069</b>	
CITY/ZIP: <b>Senath, MO 63876</b>		PHONE: <b>573-738-2717</b>		FAX:	
PURPOSE: <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
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		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	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R		
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature				
<b>Employee Health</b>									
<input checked="" type="checkbox"/> OUT	Management awareness: policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding				
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures				
<b>Good Hygiene Practices</b>									
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			IN <input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures				
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Proper cold holding temperatures				
<b>Preventing Contamination by Hands</b>									
IN OUT <input checked="" type="checkbox"/>	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition				
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)				
IN <input checked="" type="checkbox"/>	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	<b>Consumer Advisory</b>				
<b>Approved Source</b>									
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food				
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	<b>Highly Susceptible Populations</b>				
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Pasteurized foods used, prohibited foods not offered				
<b>Protection from Contamination</b>									
IN <input checked="" type="checkbox"/> N/A	Food separated and protected				<b>Critical</b>				
IN <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized			<input checked="" type="checkbox"/> OUT N/A	Food additives: approved and properly used				
IN OUT <input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used				
<b>GOOD RETAIL PRACTICES</b>									
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		
<b>Food Temperature Control</b>									
<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					Gloves used properly		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		<b>Utensils, Equipment and Vending</b>		
<b>Food Identification</b>									
<input checked="" type="checkbox"/>		Food properly labeled: original container				<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Prevention of Food Contamination</b>									
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display					Nonfood-contact surfaces clean		
<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					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		

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

Person in Charge / Title: <b>Sue Crossno</b>		Date: <b>03/02/2021</b>	
Inspector: <i>[Signature]</i>	Telephone No. <b>573-888-9008</b>	EPHS No. <b>1647</b>	Follow-up: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: <b>5/3/2021</b>	



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ESTABLISHMENT NAME The Sunshine Cafe		ADDRESS 117 W Commercial Street		CITY / ZIP Senath, MO 63876	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F
Estate Refrigerator		37			
Whirlpool		37	Meat Loaf		153
Hot Hold/Carrots		205			
Bacon		145			
Whirlpool Freezer		10			

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
4-601.11A	Can opener soiled with food and debris, wash rinse and sanitize	5/3/21	SC
3-302.11	Raw shell eggs above ready to eat lettuce in refrigerator	5/3/21	SC
5-203.11	No designated hand sink in kitchen	5/3/21	SC
5-403.11	mop water not being disposed of in a mop sink	5/3/21	SC
4-601.11A	Stove in outside room exposed to creating the possibility of contamination from pests or weather	5/3/21	SC
3-501.17	Cut bologna in refrigerator not dated		

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 (SOPs). These items are to be corrected by the next regular inspection or as stated.</small>	Correct by (date)	Initial
5-203.13	No mop sink	5/3/21	SC
4-301.12	Two compartment sink in kitchen, must be 3 compartment for warewashing	5/3/21	SC
5-501.17	No covered waste basket in employee restroom	5/3/21	SC
3-304.14	Wiping cloths laying on counter top	5/3/21	SC

CIP	Correction in Progress		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Sue Crossno *Sue Crossno* Date: 03/02/2021  
 Inspector: *[Signature]* Telephone No. 573-888-9008 EPHS No. 1647  
 Follow-up:  Yes  No  
 Follow-up Date: 5/3/2021