



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

TIME IN 1300 TIME OUT 1430
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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: Southern Grace Nutrition		OWNER: Bridgett Brewer		PERSON IN CHARGE: Bridgett Brewer	
ADDRESS: 1123 1st Street				COUNTY: Dunklin	
CITY/ZIP: Kennett, MO 63857		PHONE: 573-379-6907	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 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 checked="" type="checkbox"/> Pre-opening <input 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 <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	Compliance	Compliance	Potentially Hazardous Foods	COS	R	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties		Proper cooking, time and temperature				
<input checked="" type="checkbox"/> OUT	Management awareness; policy present		Proper reheating procedures for hot holding				
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion		Proper cooling time and temperatures				
IN	Proper eating, tasting, drinking or tobacco use	<input checked="" type="checkbox"/> OUT	Proper hot holding temperatures				
IN	No discharge from eyes, nose and mouth	<input checked="" type="checkbox"/> OUT	Proper cold holding temperatures				
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed		Proper date marking and disposition				
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed		Time as a public health control (procedures / records)				
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible		Consumer advisory provided for raw or undercooked food				
<input checked="" type="checkbox"/> OUT	Food obtained from approved source		Highly Susceptible Populations				
IN	Food received at proper temperature	<input checked="" type="checkbox"/> OUT	Pasteurized foods used, prohibited foods not offered				
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated		Food additives: approved and properly used				
IN	Required records available: shellstock tags, parasite destruction	<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used				
<input checked="" type="checkbox"/> OUT	Food separated and protected		Compliance with Approved Procedures				
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized		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	Compliance	COS	R	IN	OUT	Compliance	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		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food properly labeled; original container			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Insects, rodents, and animals not present			X		Nonfood-contact surfaces clean		
X		Contamination prevented during food preparation, storage and display			X		Physical Facilities		
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: Bridgett Brewer Date: 09/14/2021
 Inspector: [Signature] Telephone No. 573-888-9008 EPHS No. 1647
 Follow-up: Yes No
 Follow-up Date: _____



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ESTABLISHMENT NAME Southern Grace Nutrition		ADDRESS 1123 1st Street		CITY/ZIP Kennett, MO 63857	
FOOD PRODUCT/LOCATION Refrigerator		TEMP. in ° F 35	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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)	# of Up

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment, and general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	# of Up

Approved for opening

EDUCATION PROVIDED OR COMMENTS:			

Person in Charge / Title: Bridgett Brewer 		Date: 09/14/2021	
Inspector: 	Telephone No. 573-688-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: