



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

TIME IN **930** 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:	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"/> RESTAURANT	<input checked="" 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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<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	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Employee health			IN OUT N/D N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT N/D N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Food Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT	Consumer advisory		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Chemicals		
IN OUT N/D N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
IN OUT N/O	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> OUT N/A	Conformance with Approved Procedures		
IN OUT N/A	Food separated and protected			Compliance with approved Specialized Process and HACCP plan			
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized			The letter to the left of each item indicates that item's status at the time of the inspection.			
IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			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	Safe Food and Water	COS	R	Proper Use of Utensils	COS	R
X		Pasteurized eggs used where required			X		
X		Water and ice from approved source			X		
X		Adequate equipment for temperature control			X		
X		Approved thawing methods used			X		
X		Thermometers provided and accurate			X		
X		Food properly labeled; original container			X		
X		Insects, rodents, and animals not present			X		
	X	Contamination prevented during food preparation, storage and display			X		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		
X		Wiping cloths: properly used and stored			X		
X		Fruits and vegetables washed before use			X		
					X		

Person in Charge /Title: Shannon Wilson <i>Shannon Wilson</i>		Date: 09/15/2021	
Inspector: <i>Chad...</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: TBD	



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ESTABLISHMENT NAME SOUTHLAND C-9 SCHOOL		ADDRESS 500 S MAIN		CITY / ZIP CARDWELL, MO 63829	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk in Cooler		38	Chicken Tetrazzani/Stove Top		207
True 3 Door		50	Pepsi Cooler		36
Walk in Freezer		-5			
Bev Air Left		40			
Bev Air Right		38			

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.	Corrected by (date)	Initial
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3-501.16B	Salads temp at 44 degrees and whole shell eggs at 47 in True Cooler -Cold holding temps shall be maintained 41 degrees or below	COS	SW

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structural equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.	Corrected by (date)	Initial
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4-301.11	True 3 Door cooler not maintaing temp, temperature was at 50 degrees	TBD	SW
3-305.11	Boxes on floor in walk in freezer, Food in high moisture areas shall be atleast 6 inches off the floor	CIP	SW

NRI NEXT ROUTINE INSPECTION
 COS CORRECTED ONSITE

EDUCATION PROVIDED OR COMMENTS:

Person in Charge / Title: **Shannon Wilson** *Shannon Wilson* Date: **09/15/2021**

Inspector: *Chadwick* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No Follow-up Date: **TBD**