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

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 CESSION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Bunkee Hill Resort  
OWNER:  
PERSON IN CHARGE: Gayle Howell  
COUNTY: SHANNON  
CITY/ZIP: NIT View, Mo. 65548  
PHONE: 417-934-2225  
FAX:  
P.H. PRIORITY: XH  
LICENSE NO.:  
ESTABLISHMENT TYPE: BAKERY  
RETAIL STORE  
PURPOSE: Pre-opening  
FROZEN DESSERT: Approved  
SEWAGE DISPOSAL: PUBLIC  
WATER SUPPLY: COMMUNITY  
NON-COMMUNITY: Date Sampled: RESULTS:  
PRIVATE:  

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
--- | --- | --- | --- | --- | --- | --- | ---
IN OUT | Person in charge present, demonstrates knowledge, and performs duties |  |  |  |  |  |  
IN OUT | Management awareness: policy present |  |  |  |  |  |  
IN OUT | Management awareness: policy present |  |  |  |  |  |  
IN OUT | Food obtained from approved source |  |  |  |  |  |  
IN OUT | Food received at proper temperature |  |  |  |  |  |  
IN OUT | Food in good condition, safe and unadulterated |  |  |  |  |  |  
IN OUT | Required records available: shellstock tags, parasite destruction |  |  |  |  |  |  
IN OUT | Food separated and protected |  |  |  |  |  |  
IN OUT | Food-contact surfaces cleaned & sanitized |  |  |  |  |  |  
IN OUT | Proper disposition of returned, previously served, reconditioned, and unsafe food |  |  |  |  |  |  

| PERSONNEL HYGIENE | COS | R | PERSONNEL HYGIENE | COS | R
--- | --- | --- | --- | --- | ---
IN OUT | Preventing contamination by hands |  |  |  |  |  
IN OUT | Hands clean and properly washed |  |  |  |  |  
IN OUT | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |  |  |  |  |  
IN OUT | Adequate handwashing facilities supplied & accessible |  |  |  |  |  

| PREVENTION OF CONTAMINATION | COS | R | PREVENTION OF CONTAMINATION | COS | R
--- | --- | --- | --- | --- | ---
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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 |
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
| Pasteurized eggs used where required |  |  |  |  |  |  |  |  |  
| Water and ice from approved source |  |  |  |  |  |  |  |  |  
| Food Temperature Control |  |  |  |  |  |  |  |  |  
| Adequate equipment for temperature control |  |  |  |  |  |  |  |  |  
| Approved thawing methods used |  |  |  |  |  |  |  |  |  
| Thermometers provided and accurate |  |  |  |  |  |  |  |  |  
| Food Identification |  |  |  |  |  |  |  |  |  
| Food property labeled; original container |  |  |  |  |  |  |  |  |  
| In-use utensils; properly stored |  |  |  |  |  |  |  |  |  
| Utensils, equipment and linens; properly stored, dried, handled |  |  |  |  |  |  |  |  |  
| Single-use/single-service articles; properly stored, used |  |  |  |  |  |  |  |  |  
| Gloves used properly |  |  |  |  |  |  |  |  |  
| Food赢 

Person in Charge /Title:  
Telephone No.: 417-913-1914  
EPHS No.: 253  
Follow-up: Yes  
Follow-up Date:  
Date: 6/21/17
<table>
<thead>
<tr>
<th>FOOD PRODUCT/LOCATION</th>
<th>TEMP.</th>
<th>FOOD PRODUCT/LOCATION</th>
<th>TEMP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butter / McCall 2 Dr.</td>
<td>37°</td>
<td>Water / McCall 2nd fl.</td>
<td>40°</td>
</tr>
<tr>
<td>Cheese / Outside Unit</td>
<td>31°</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CODE**

**PRIORITY ITEMS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Reference</th>
<th>Corrected by</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
<td>(date)</td>
<td>Initial</td>
</tr>
<tr>
<td></td>
<td><strong>NO PRIORITY</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CORE ITEMS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Reference</th>
<th>Corrected by</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.60.1.14</td>
<td>Microwave / Mixer NOT CLEAN / NFCs</td>
<td>(date)</td>
<td>Initial</td>
</tr>
<tr>
<td>6.50.1.14</td>
<td>Leaves on floor outside refrig / Block air flow. Temp. good!</td>
<td>(date)</td>
<td>Initial</td>
</tr>
</tbody>
</table>

**EDUCATION PROVIDED OR COMMENTS**

Person in Charge / Title: 

Inspector: 

Telephone No: 967-4131 

EPHS No: 920 

Follow-up: ☐ Yes ☑ No 

Follow-up Date: 

Date: 6/21/17