# 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 cessation of your food operation.

**Establishment Name:** Golden Age Senior Center  
**Owner:** Mary Lou Kelso  
**Address:** 1011 N. 1st St.  
**City:** Neosho  
**State:** MO  
**Zip:** 65525  
**Phone:** 573-262-3494  
**Fax:**  
**License No.:**  

**Type of Establishment:** C. Store  
**Category:**  
**Purpose:**  
**Frosted Dessert:**  
**Sewage Disposal:** Public  
**Water Supply:** Public  
**R.H. Priority:**  
**P.H. Priority:**  

### 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.

<table>
<thead>
<tr>
<th>Compliance</th>
<th>COS</th>
<th>R</th>
<th>Compliance</th>
<th>COS</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN OUT</td>
<td>Person in charge present, demonstrates knowledge, and performs duties</td>
<td>IN OUT</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

- **Employee Health**
- **Management awareness: policy present**
- **Proper use of reporting, restriction and exclusion**
- **Good Hygienic Practices**
- **Proper eating, drinking or tobacco use**
- **No discharge from eyes, nose and mouth**

### Preventing Contamination by Hands

- **Hands clean and properly washed**
- **No bare hand contact with ready-to-eat foods or approved alternate method properly followed**
- **Adequate hand washing facilities supplied & accessible**

### Approved Sources

- **Food obtained from approved source**
- **Food received at proper temperature**

### Food in Good Condition, Safe and Unadulterated

- **Food in good condition, safe and unadulterated**

### Required Records Available: Shellstock tags, parasite destruction

### Protection from Contamination

- **Food separated and protected**

### Food-contact Surfaces Clean & Sanitized

- **Proper disposition of returned, previously served, reconditioned, and unsafe food**

### Good Retail Practices

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

<table>
<thead>
<tr>
<th>IN OUT</th>
<th>COS</th>
<th>R</th>
<th>IN OUT</th>
<th>COS</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasteurized eggs used where required</td>
<td>Food Temperature Control</td>
<td>Adequate equipment for temperature control</td>
<td>Approved thawing methods used</td>
<td>Thermometers provided and accurate</td>
<td>Food Identification</td>
</tr>
<tr>
<td>Water and ice from approved source</td>
<td></td>
<td>Adequate equipment for temperature control</td>
<td>Approved thawing methods used</td>
<td>Thermometers provided and accurate</td>
<td>Food Identification</td>
</tr>
</tbody>
</table>

**Date:** 3/2/17

**Inspector:**
<table>
<thead>
<tr>
<th>Code</th>
<th>Reference</th>
<th>PRIORITY ITEMS</th>
<th>Correct by (date)</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>Corrected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3-DU-16 Do not keep eggs on top shelf, above cheese cake and cole slaw.

5-501.17 Restroom door not self-closing and no covered waste can.

* Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.

* Need to use hand sanitizers.

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: 

Inspector: 

Date: 3/2/17

Follow-up: [No] Yes [Yes] No

Telephone No. | EPHS No. | Follow-up Date: |
--------------|----------|-----------------|
9131         | 970      |                 |