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: Liberty High School
OWNER: Don Christiansen (Supt)
PERSON IN CHARGE: Leslie Layman

ADDRESS: 1054 E. Hwy 60
CITY/ZIP: Macksy, MO 65548
PHONE: 417-934-2020
FAX: 417-934-2020
COUNTY: Polk
P.H. PRIORITY: M

ESTABLISHMENT TYPE
[ ] BAKERY [ ] RESTAURANT [ ] CATERER [ ] SENIOR CENTER
[ ] TEMP. FOOD [ ] GROCERY STORE [ ] TAVERN
[ ] MOBILE VENDORS

PURPOSE
[ ] Pre-opening [ ] Routine [ ] Follow-up [ ] Complaint [ ] Other

FROZEN DESSERT
[ ] Approved [ ] Disapproved [ ] Not Applicable
License No.

SEWAGE DISPOSAL
[ ] PUBLIC [ ] PRIVATE
WATER SUPPLY
[ ] COMMUNITY [ ] NON-COMMUNITY [ ] PRIVATE
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
--- | --- | --- | --- | --- | --- | ---
IN | OUT | Person in charge present, demonstrates knowledge, and performs duties | Individual | | | Proprietary cooking, time and temperature | | |
IN | Management awareness; policy present | | | | | |
IN | Proper use of reporting, restriction and exclusion | | | | | |
IN | O/N | Good Hygienic Practices | | | | |
IN | O/N | Preventing contamination by hands | | | | |
IN | O/N | Preventing contamination by hands | | | | |
IN | O/N | Food obtained from approved source | | | | |
IN | O/N | Food received at proper temperature | | | | |
IN | O/N | Food in good condition, safe and unadulterated | | | | |
IN | O/N | Food in good condition, safe and unadulterated | | | | |
IN | O/N | Required records available: shelf destruction | | | | |
IN | O/N | Required records available: shelf destruction | | | | |
IN | O/N | Food separated and protected | | | | |
IN | O/N | Food-contact surfaces cleaned & sanitized | | | | |
IN | O/N | Proper disposal 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.

| IN | OUT | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
V | Prewashed & dried ware used from approved source | | | | | | | | |
V | Water and ice from approved source | | | | | | | | |
V | Food Temperature Control | | | | | | | | |
V | Adequate equipment for temperature control | | | | | | | | |
V | Approved thawing methods used | | | | | | | | |
V | Thermometers provided and accurate | | | | | | | | |
V | Food Identification | | | | | | | | |
V | Food properly labeled; original container | | | | | | | | |
V | Prevention of Food Contamination | | | | | | | | |
V | In-use utensils: properly stored | | | | | | | | |
V | Utensils, equipment and items: properly stored, dried, handled | | | | | | | | |
V | Single-use/engraved-service articles: properly stored, used | | | | | | | | |
V | Gloves used properly | | | | | | | | |
V | Utensils, Equipment and Vending | | | | | | | | |
V | Food and nonfood-contact surfaces cleaned, properly designed, constructed, and used | | | | | | | | |
V | Warewashing facilities: installed, maintained, used; test strips used | | | | | | | | |
V | Nonfood-contact surfaces clean | | | | | | | | |
V | Physical Facilities | | | | | | | | |
V | Hot and cold water available; adequate pressure | | | | | | | | |
V | Plumbing installed; proper backflow devices | | | | | | | | |
V | Sewage and wastewater properly disposed | | | | | | | | |
V | Toilet facilities: properly constructed, supplied, cleaned | | | | | | | | |
V | Garbage/refuse properly disposed; facilities maintained | | | | | | | | |
V | Physical facilities installed, maintained, and clean | | | | | | | | |

Date: 2/19/74

Inspector:

Telephone No. 417-974-136

EPHS No. 920

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

MD 580-1614/111-141

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CANARY - FILE COPY
No Violations