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

**Establishment Name:** Liberty Middle School  
**Owner:** Ron Christiansen  
**Person In Charge:** Cindy Maier

**Address:** 2404 Main St  
**City:** Moulton  
**State:** IL  
**Zip:** 62558  
**Phone:** 979-345-8412  
**Fax:**

**Establishment Type:** C. Store  
**Purpose:** Pre-opening

**Zoning:** Non-Community  
**Date Sampled:** Today

**RISK FACTORS AND INTERVENTIONS**

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Person in charge present, demonstrates knowledge, and performs duties</th>
<th>Proper cooking, time and temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN/OUT</td>
<td>Employees Health</td>
<td>Proper reheating procedures for hot holding</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Management awareness, policy present</td>
<td>Proper cooling time and temperatures</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Proper use of reporting, restriction and exclusion</td>
<td>Proper hot holding temperatures</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Proper eating, tasting, drinking or tobacco use</td>
<td>Proper cold holding temperatures</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>No discharge from eyes, nose and mouth</td>
<td>Proper date marking and disposition</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Presenting contamination by hands</td>
<td>Time as a public health control (procedures / records)</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Hands and properly washed</td>
<td>Consumer Advisory</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>No bare hand contact with ready-to-eat foods or approved alternate method properly followed</td>
<td>Highly Susceptible Populations</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Adequate handwashing facilities supplied &amp; accessible</td>
<td>Pasteurized foods used, prohibited foods not offered</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Food obtained from approved source</td>
<td>Chemical</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Food received at proper temperature</td>
<td>Food additives; approved and properly used</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Food in good condition, safe and unaltered</td>
<td>Toxic substances properly identified, stored and used</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Required records available; shelfstock tags, parasite destruction</td>
<td>Conformance with Approved Procedures</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Food separated and protected</td>
<td>Compliance with approved Specialized Process and HACCP plan</td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Food-contact surfaces cleaned &amp; sanitized</td>
<td></td>
</tr>
<tr>
<td>IN/OUT</td>
<td>Proper disposition of returned, previously served, reconditioned, and unsafe food</td>
<td></td>
</tr>
</tbody>
</table>

**GOOD RETAIL PRACTICES**

- 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 properly labeled; original container  
- Prevention of Food Contamination  
- In-use utensils; properly stored  
- Utensils, equipment and linens; properly stored, dried, handled  
- Single-use/single-service articles; properly stored, used  
- Gloves used properly  
- Luminaries; Equipment and Vending  
- Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used  
- Warewashing facilities; installed, maintained, used, test strips used  
- Nonfood-contact surfaces clean  
- Physical Facilities  
- Hot and cold water available, adequate pressure  
- Plumbing installed, proper backflow devices  
- Sewage and wastewater properly disposed  
- Toilet facilities; properly constructed, supplied, cleaned  
- Garbage/refuse properly disposed, facilities maintained  
- Physical facilities installed, maintained, and clean

**Person in Charge/Title:**  
**Date:** 2/10/19  
**Inspector:**  
**Telephone No.:**  
**EPHS No.:**  
**Follow-up Date:**  
**Follow-up Results:** Yes

**DISTRIBUTION:** WHITE - OWNER'S COPY  
**CANARY - FILE COPY**
<table>
<thead>
<tr>
<th>FOOD PRODUCT/LOCATION</th>
<th>TEMP.</th>
<th>FOOD PRODUCT/LOCATION</th>
<th>TEMP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHICKEN/BAC/Hit Cik</td>
<td>167°</td>
<td>MILK / Coolers</td>
<td>35°</td>
</tr>
<tr>
<td>MEAT/LOAF/STEAM JIK</td>
<td>152°</td>
<td>Ranch Dressing / Salad Bar</td>
<td>35°</td>
</tr>
<tr>
<td>POWDERED SUGAR</td>
<td>145°</td>
<td>YOGURT / Deli 2 OZ</td>
<td>41°</td>
</tr>
<tr>
<td>NAV/Rotating</td>
<td>160°</td>
<td>CHEESE / WALK-IN</td>
<td>34°</td>
</tr>
</tbody>
</table>

**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.

- **NO VIOLATIONS**

**CORE ITEMS**

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

**EDUCATION PROVIDED OR COMMENTS**

- **ONLY ALLOW AUTHORIZED PERSONNEL IN FOOD SERVICE AREAS**

- **NOT ALLOWED TO USE FOOD PREP HANDS**

**Person in Charge/Title:**

**Inspector:**

**Telephone No.:** 481-4121

**EPHS No.:** 920

**Follow-up:** □ Yes □ No

**Date:** 2/6/19

**Follow-up Date:**

**DISTRIBUTION:** WHITE - OWNERS COPY

**COPY:** CANARY - FILE COPY