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

**ESTABLISHMENT NAME:** Joseph Polizzi  
**CITY:** Hannibal  
**ADDRESS:** 133 S. Fourth St.  
**PHONE:** 573-325-4524  
**COUNTRY:** MO  
**ZIP:** 65248  
**EMAIL:** jpolizzi@cityofhannibal.com

**PURPOSE:** Pre-opening  
**SEWAGE DISPOSAL:** Public  
**WATER SUPPLY:** Community  
**DATE SAMPLED:** 12/7/16  
**RISK FACTORS AND INTERVENTIONS**

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Demonstration of Knowledge</th>
</tr>
</thead>
</table>
| IN OUT | Person in charge present, demonstrates knowledge, and performs duties  
| IN OUT | Management awareness; policy present  
| IN OUT | Proper use of reporting, restriction and exclusion  
| IN OUT | Good Hygiene Practices  
| IN OUT | Proper eating, tasting, drinking or tobacco use  
| IN OUT | No discharge from eyes, nose and mouth  

**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  

**Food Safety and Protection**

| 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  

**Protection from Contamination**

| 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  

**GOOD RETAIL PRACTICES**

<table>
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<tr>
<th>IN</th>
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| Pasteurized milk used where required  
| Water and ice from approved source  
| Adequate equipment for temperature control  
| Approved thawing methods used  
| Thermometers provided and accurate  
| Food properly labeled; original container  

**Prevention of Food Contamination**

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</table>
| In-use utensils: properly stored  
| Utensils, equipment and lines: properly stored, dried & handled  
| Gloves used properly  
| Utensils, Equipment and Vending  
| Food and non-food-contact surfaces clean, properly designed, constructed, and used  
| Non-food-contact surfaces clean  

**Physical Facilities**

<table>
<thead>
<tr>
<th>IN</th>
<th>OUT</th>
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</thead>
</table>
| Hot and cold water available; adequate pressure  
| Plumbing installed; proper backflow devices  
| Sewage and wastewater properly disposed  

**Person in Charge/Title:**

**Inspected by:**

**Telephone No.:** 573-325-4524  
**EPHS No.:** 1340  
**Follow-up: Yes**

**Follow-up Date:** 12/7/16  
**Follow-up:** Routine  
**Date Sampled:** 12/7/16
## FOOD PRODUCT/LOCATION | TEMP. | FOOD PRODUCT/LOCATION | TEMP.
--- | --- | --- | ---
CUT TOMATOES/DECK | 32°F | 

### 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.

<table>
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* Facility Approved to open / Routine Insp. in 2-3 wks.

### CORE ITEMS

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.

<table>
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<tr>
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<tbody>
<tr>
<td>460111</td>
<td>NFCS NOT CLEAN / FANS - CUNCE - ETC.</td>
</tr>
<tr>
<td>65012</td>
<td>FLOOR NOT CLEAN</td>
</tr>
</tbody>
</table>

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**EDUCATION PROVIDED OR COMMENTS**

Discussion Date Marking

Person in Charge/Title: [Signature]
Date: 12/7/16

Inspector: [Signature]
Telephone No: 967-4131
EPHS No: [Redacted]
Follow-up: [No]
Follow-up Date: [Redacted]