### 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:** West Side Package  
**OWNER:** Jack Woods  
**PERSON IN CHARGE:** John Mensendick  
**CITY:** NONA  
**PHONE:** 513-375-8104  
**FAX:**  
**COUNTY:** Shenandoah  
**ESTABLISHMENT TYPE:**  
- [ ] BAKERY  
- [ ] RESTAURANT  
- [ ] C. STORE  
- [ ] CATERER  
- [ ] DELI  
- [ ] GROCERY STORE  
- [ ] INSTITUTION  
- [ ] 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

**RISK FACTORS AND INTERVENTIONS**

<table>
<thead>
<tr>
<th>Compliance</th>
<th>Risk Factor</th>
<th>COS</th>
<th>R</th>
<th>Compliance</th>
<th>Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN</td>
<td>OUT</td>
<td>Person in charge present, demonstrates knowledge, and performs duties</td>
<td>Employee Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>OUT</td>
<td>Management awareness/policy present</td>
<td>Proper use of reporting, restriction and exclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>OUT</td>
<td>Proper use of reporting, restriction and exclusion</td>
<td>Cold Holding Temperatures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IN</td>
<td>OUT/ N/O</td>
<td>Proper eating, tasting, drinking or tobacco use</td>
<td>No discharge from eyes, nose and mouth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Preventing Contamination by Hands

- IN | OUT | Hands clean and properly washed |
- IN | OUT/ N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |

Adequate Handwashing Facilities Supplied & Accessible

- IN | OUT | Food received from approved source |
- IN | OUT/ N/O | Food in good condition, safe and unadulterated |

Required Records Available; Shelftags, Tags, Parasite Destruction

Protection from Contamination

- IN | OUT | Food separated and protected |
- IN | OUT/ N/A | Food-contact surfaces cleaned & sanitized |

Proper Disposition of Returned, Previously Served, Reconditioned, and Unsafe Food

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.

**GOOD RETAIL PRACTICES**

- Pasteurized eggs used where required
- In-use utensils; properly stored
- Water and ice from approved source
- Utensils, equipment and linens: properly stored, dried, handled
- Food Temperature Control
- Single-use/single-service articles: properly stored, used
- Approved thawing methods used
- Gloves used properly
- Thermometers provided and accurate
- Utlensils, Equipment and Vending
- Food and non-food-contact surfaces cleanable, properly designed, constructed, and used
- Food Identification
- Food and non-food-contact surfaces cleanable, properly designed, constructed, and used
- Food properly labeled; original container

Food Contamination

- Prevent Ineffective Prevent Ineffective
- Insects, rodents, and animals not present
- Physical Facilities
- Hot and cold water available, adequate pressure
- Contamination prevented during food preparation, storage and display
- Plumbing installed, proper backflow devices
- Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry
- Sewage and wastewater properly disposed
- Wiping cloths, properly used and stored
- Toilet facilities: properly constructed, supplied, cleaned
- Fruits and vegetables washed before use
- Garbage/refuse properly disposed; facilities maintained

**Physical Facilities Installed, maintained, and clean**

**Date:** 11/29/18

**Inspector:** Ronald Taylor  
**Telephone No.:** 417-967-4131  
**EHS No.:** 920  
**Follow-up Date:** 12/16/18
<table>
<thead>
<tr>
<th>Code Reference</th>
<th>PRIORITY ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CAT IN FACILITY / FECAL MATERIAL IN AS 56 BY VIDEOS</td>
</tr>
<tr>
<td></td>
<td>2016 CAN OF BAKED BEANS / HARD DENT ON SEAM / CHECK ALL</td>
</tr>
<tr>
<td></td>
<td>50LB BAG OF ONIONS MIXED W/ CHEMICALS / NOT SANITARY</td>
</tr>
<tr>
<td></td>
<td>ANIMAL MEDICINES IN OPEN CONT. WALK-IN OVER DRINKS</td>
</tr>
<tr>
<td></td>
<td>ICE MACHINE NOT CLEAN / HEAVY LIME &amp; SALT MOLD / FCS</td>
</tr>
</tbody>
</table>

* WALK-IN 52° / 54° NOT SUITABLE FOR P.H.F.S.

<table>
<thead>
<tr>
<th>Code Reference</th>
<th>CORE ITEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CLUTTER &amp; OLD APPLIANCES / JUNK OUT FRONT / ROUGH HANDLES</td>
</tr>
<tr>
<td></td>
<td>FREEZER NOT MARKED AS PRIVATE / PRODUCTS FREEZERchu</td>
</tr>
<tr>
<td></td>
<td>HEAVY DUST ON SHELVES / PRODUCTS / CANDY - CHECK ALL</td>
</tr>
<tr>
<td></td>
<td>RESTROOMS NOT CLEAN / SINKS / TOILETS CLOGGED / HEAVY DUST / NO SOAP</td>
</tr>
<tr>
<td></td>
<td>MIXING PRIVATE &amp; MEAL T PRODUCTS W/ RETAIL MARKET O/S</td>
</tr>
<tr>
<td></td>
<td>FLOORS NEED CLEANED IN WALK-IN &amp; DISPLAY AREA / DUMP WATER</td>
</tr>
</tbody>
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EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: 

 Inspector: 

 Telephone No: 

 EPHS No: 

 Date: 11/28/18 

 Follow-up: ☐ Yes ☐ No 

 Follow-up Date: 

 MO 560-1814 (11-14) 

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