



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

TIME IN	TIME OUT
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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 OPERATIONS.

ESTABLISHMENT NAME: <u>WEST SIDE PACKAGE</u>	OWNER: <u>JACK WOODS</u>	PERSON IN CHARGE: <u>SAME</u>
ADDRESS: <u>8561 LORETTA LN.</u>		COUNTY: <u>STANNOX</u>
CITY/ZIP: <u>WINONA, MO. 65588</u>	PHONE: <u>573-325-8106</u>	FAX:
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled <u>1/22/20</u> 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
<u>IN</u> OUT	Person in charge present, demonstrates knowledge, and performs duties			<u>IN</u> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			<u>IN</u> OUT N/O N/A	Proper reheating procedures for hot holding		
<u>IN</u> OUT	Management awareness; policy present			<u>IN</u> OUT N/O N/A	Proper cooling time and temperatures		
<u>IN</u> OUT	Proper use of reporting, restriction and exclusion			<u>IN</u> OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<u>IN</u> OUT N/A	Proper cold holding temperatures		
<u>IN</u> OUT N/O	Proper eating, tasting, drinking or tobacco use			<u>IN</u> OUT N/O N/A	Proper date marking and disposition		
<u>IN</u> OUT N/O	No discharge from eyes, nose and mouth			<u>IN</u> OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<u>IN</u> OUT N/O	Hands clean and properly washed			<u>IN</u> OUT N/A	Consumer advisory provided for raw or undercooked food		
<u>IN</u> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<u>IN</u> OUT	Adequate handwashing facilities supplied & accessible			<u>IN</u> OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<u>IN</u> OUT	Food obtained from approved source			<u>IN</u> OUT N/A	Food additives: approved and properly used		
<u>IN</u> OUT N/O N/A	Food received at proper temperature			<u>IN</u> OUT	Toxic substances properly identified, stored and used		
<u>IN</u> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<u>IN</u> OUT N/O N/A	Required records available: shellstock tags, parasite destruction			<u>IN</u> OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item			
<u>IN</u> OUT N/A	Food separated and protected						
<u>IN</u> OUT N/A	Food-contact surfaces cleaned & sanitized						
<u>IN</u> OUT N/O	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.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
		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		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					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		

Person in Charge /Title:	Date:
Inspector: <u>Garry H. Hest</u>	<u>1/22/20</u>
Telephone No. <u>417-767-4131</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EPHS No. <u>920</u>	Follow-up Date: <u>2/3/20</u>



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ESTABLISHMENT NAME		ADDRESS	CITY	ZIP
WEST SIDE PACKAGE		8569 LORETTA LN.	WINONA, MO	65558
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION	TEMP.
Hot Dogs / Walk In		35°		
Eggs / Front Refrig		35°		

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	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.		

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|---|----------|---|-------|
| ✓ | 4-60.1A | ICE MACHINE Surfaces In Poor Repair / NOT Cleanable | |
| ✓ | 3-50.17 | Milk Outdated 1/16/20 / 1/115/20 Hot Dogs Walk-In | |
| ✓ | 3-30.4 | Refrig Unit Piled up w/ Bacon on grapes | |
| ✓ | 4-60.14 | " " NOT Clean / Racks Mold | |
| ✓ | 5-20.11 | Hand Sink NOT open / Piled Full | |
| ✓ | 6-50.11A | Rodent Droppings / Chewed Materials / By Walk-In | |
| ✓ | 3-30.11 | PERSONAL ITEMS / Cakes, etc. NOT Covered / ON TOP of RETAIL | |
| ✓ | 3-70.11 | Baby Food ON Shelf Outdated 2017 / Discard | ITEMS |

Code Reference	CORE ITEMS	Correct by (date)	Initial
	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.		

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|----------|---|--|--|
| 6-501.11 | FRONT AREA RODENT HARBOR AGE / Dog Feces / Junk Piled | | |
| 5-203.B | Mop Sink Piled Full | | |
| 6-54.12 | WALK-IN FLOOR NOT CLEAN / Broken glass - DIRT | | |
| 6-501.14 | Display AREA'S Piled / TRASH - Misc. | | |
| 6-501.12 | RESTROOM STALLS + SINKS NOT CLEAN | | |
| 4-302.16 | NO THERMOMETER IN REFR. | | |

EDUCATION PROVIDED OR COMMENTS	
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* NEED TO CLEAN/ORGANIZE/DISCARD/COVER GLASS-SIDE W/PINK

Person in Charge/Title: <i>Debra J. [unclear]</i>			Date: <i>1/22/20</i>
Inspector: <i>Robert J. [unclear]</i>	Telephone No. <i>417-967-4131</i>	EPHS No. <i>920</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <i>2/5/20</i>