



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

TIME IN	TIME OUT
PAGE of	

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>Winona Dells Gravel</u>		OWNER: <u>Corporate</u>	PERSON IN CHARGE: <u>Janet Herrington</u>	
ADDRESS: <u>8269 Hwy 19</u>		COUNTY: <u>Shannon</u>		
CITY/ZIP: <u>Winona 65588</u>	PHONE: <u>573/325/8310</u>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input checked="" 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 type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other				
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> 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				IN	OUT N/O N/A	Proper cooking, time and temperature			
		Employee Health				IN	OUT N/O N/A	Proper reheating procedures for hot holding			
IN	OUT	Management awareness; policy present				IN	OUT N/O N/A	Proper cooling time and temperatures			
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT N/O N/A	Proper hot holding temperatures			
		Good Hygienic Practices				IN	OUT N/A	Proper cold holding temperatures			
IN	OUT N/O	Proper eating, tasting, drinking or tobacco use				IN	OUT N/O N/A	Proper date marking and disposition			
IN	OUT N/O	No discharge from eyes, nose and mouth				IN	OUT N/O N/A	Time as a public health control (procedures / records)			
		Preventing Contamination by Hands						Consumer Advisory			
IN	OUT N/O	Hands clean and properly washed				IN	OUT N/A	Consumer advisory provided for raw or undercooked food			
IN	OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Highly Susceptible Populations			
IN	OUT	Adequate handwashing facilities supplied & accessible				IN	OUT N/O N/A	Pasteurized foods used, prohibited foods not offered			
		Approved Source						Chemical			
IN	OUT	Food obtained from approved source				IN	OUT N/A	Food additives: approved and properly used			
IN	OUT N/O N/A	Food received at proper temperature				IN	OUT	Toxic substances properly identified, stored and used			
IN	OUT	Food in good condition, safe and unadulterated						Conformance with Approved Procedures			
IN	OUT N/O N/A	Required records available: shellstock tags, parasite destruction				IN	OUT N/A	Compliance with approved Specialized Process and HACCP plan			
		Protection from Contamination				<p>The letter to the left of each item indicates that item's status at the time of the inspection.</p> <p>IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item</p>					
IN	OUT N/A	Food separated and protected									
IN	OUT N/A	Food-contact surfaces cleaned & sanitized									
IN	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: <u>11/20/23</u>	
Inspector: <u>[Signature]</u>	Telephone No: <u>417/967/431</u>	EPHS No. <u>1727</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	