



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

|             |          |
|-------------|----------|
| TIME IN     | TIME OUT |
| PAGE 1 of 2 |          |

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:<br><i>Summersville Elementary</i>   | OWNER:<br><i>Rick Stark Sgt</i>  | PERSON IN CHARGE:<br><i>Tim Oden</i>  |
| ADDRESS:<br><i>106 E Maple</i>  |  | COUNTY:<br><i>Shannon</i>   |
| CITY/ZIP:<br><i>Summersville 65571</i>  | PHONE:<br><i>417/932/4613</i>  | FAX:  |
| ESTABLISHMENT TYPE<br><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<br><input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |  | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L  |
| PURPOSE<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____   | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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 |
|---|---|-----|---|---|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cooking, time and temperature                        |     |   |
|   | Employee Health   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper hot holding temperatures                             |     |   |
|   | Good Hygienic Practices   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Proper eating, tasting, drinking or tobacco use   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Time as a public health control (procedures / records)      |     |   |
|   | Preventing Contamination by Hands   |     |   |   | Consumer Advisory   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Hands clean and properly washed   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Consumer advisory provided for raw or undercooked food      |     |   |
|   |   |     |   |   | Highly Susceptible Populations                              |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Adequate handwashing facilities supplied & accessible                                       |     |   |   | Chemical  |     |   |
|   | Approved Source   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Food received at proper temperature   |     |   |   | Conformance with Approved Procedures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT   | Food in good condition, safe and unadulterated  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Compliance with approved Specialized Process and HACCP plan |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |     |   |   |   |     |   |
|   | Protection from Contamination   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Food separated and protected  |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Food-contact surfaces cleaned & sanitized   |     |   |   |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |   |   |     |   |

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

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  |     |   | <input checked="" type="checkbox"/> |     | In-use utensils: properly stored  |     |   |
|                                     | <input checked="" type="checkbox"/> | Water and ice from approved source  |     |   | <input checked="" type="checkbox"/> |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |                                     | Food Temperature Control  |     |   | <input checked="" type="checkbox"/> |     | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> |                                     | Adequate equipment for temperature control  |     |   | <input checked="" type="checkbox"/> |     | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> |                                     | Approved thawing methods used   |     |   |                                     |     | Utensils, Equipment and Vending   |     |   |
| <input checked="" type="checkbox"/> |                                     | Thermometers provided and accurate  |     |   | <input checked="" type="checkbox"/> |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |                                     | Food Identification   |     |   | <input checked="" type="checkbox"/> |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> |                                     | Food properly labeled; original container   |     |   | <input checked="" type="checkbox"/> |     | Nonfood-contact surfaces clean  |     |   |
|                                     |                                     | Prevention of Food Contamination  |     |   |                                     |     | Physical Facilities   |     |   |
| <input checked="" type="checkbox"/> |                                     | Insects, rodents, and animals not present   |     |   | <input checked="" type="checkbox"/> |     | Hot and cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> |                                     | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/> |     | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> |                                     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> |     | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> |                                     | Wiping cloths: properly used and stored   |     |   | <input checked="" type="checkbox"/> |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
|                                     |                                     | Fruits and vegetables washed before use   |     |   | <input checked="" type="checkbox"/> |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |                                     |   |     |   |                                     |     | Physical facilities installed, maintained, and clean                                  |     |   |

|   |                                      |                          |   |
|---|--------------------------------------|--------------------------|---|
| Person in Charge / Title:<br><i>[Signature]</i> |                                      | Date:<br><i>10/12/22</i> |   |
| Inspector:<br><i>[Signature]</i>                | Telephone No.<br><i>417/967/4131</i> | EPHS No.<br><i>1772</i>  | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: <i>11/11/22</i> |



