



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>Winn Town &amp; Country</i>  | OWNER:<br><i>Joe Polizzi</i>   | PERSON IN CHARGE:<br><i>Dana Whitefield</i>   |
| ADDRESS:<br><i>701 N Hwy 60</i>  |  | COUNTY:<br><i>Shannon</i>   |
| CITY/ZIP:<br><i>Winn 65588</i>   | PHONE:<br><i>577/325/4522</i>  | FAX:  |
| P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L   |  |   |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" type="checkbox"/> DELI <input checked="" type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><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<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" 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/A   | Proper cooking, time and temperature                        |     |   |
|  | Employee Health   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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/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/A   | Proper hot holding temperatures                             |     |   |
|  | Good Hygienic Practices   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper eating, tasting, drinking or tobacco use   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Time as a public health control (procedures / records)      |     |   |
|  | Preventing Contamination by Hands   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Consumer Advisory   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | 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      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |  | Highly Susceptible Populations                              |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Pasteurized foods used, prohibited foods not offered        |     |   |
|  | Approved Source   |     |   |  | Chemical  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Food obtained from 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 <input type="checkbox"/> N/A | Food received at proper temperature   |     |   | <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                              | Food in good condition, safe and unadulterated  |     |   |  | Conformance with Approved Procedures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      COS = Corrected On Site<br>R = Repeat Item |   |     |   |
| <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/A | 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 |
|-------------------------------------|--------------------------|---|------------|---|-------------------------------------|--------------------------|---|-----|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required  |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored  |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water and ice from approved source  |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|                                     |                          | Food Temperature Control  |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored, used                             |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Adequate equipment for temperature control  |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gloves used properly  |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used   |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, Equipment and Vending   |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Thermometers provided and accurate  |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|                                     |                          | Food Identification   |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food properly labeled; original container   |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
|                                     |                          | Prevention of Food Contamination  |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical Facilities   |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Insects, rodents, and animals not present   |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure                                       |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contamination prevented during food preparation, storage and display                |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices   |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage and wastewater properly disposed   |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wiping cloths: properly used and stored   | <i>COS</i> |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fruits and vegetables washed before use   |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|                                     |                          |   |            |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

|   |  |
|---|--|
| Person in Charge / Title:<br><i>Manager</i> | Date:<br><i>6/9/22</i>   |
| Inspector:<br><i>[Signature]</i>            | Telephone No. <i>417/325/4131</i> EPHS No. <i>1773</i><br>Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: <i>6/29/22</i> |



[illegible]