



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:<br><i>West Side Pizzeria</i>  | OWNER:<br><i>Twila Thompson</i>  | PERSON IN CHARGE:<br><i>Sgt 2</i>  |
| ADDRESS:<br><i>8869 Loretta Ln</i>  | COUNTY:<br><i>Shannon</i>  |  |
| CITY/ZIP:<br><i>Winona 65588</i>  | PHONE:<br><i>372/325/8106</i>  | FAX:   |
| P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L  |  |  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input checked="" 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 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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other <i>Just p.h. new p.h.</i>  |  |  |
| 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 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 |
|----------------|---|-----|---|----------------|---|-----|---|
| 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      |     |   |
|                |   |     |   |                | Highly Susceptible Populations                              |     |   |
| IN OUT N/O     | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   | IN OUT N/O N/A | Pasteurized foods used, prohibited foods not offered        |     |   |
| IN OUT         | Adequate handwashing facilities supplied & accessible                                       |     |   |                | Chemical  |     |   |
|                | Approved Source   |     |   | IN OUT N/A     | Food additives: approved and properly used                  |     |   |
| IN OUT         | Food obtained from approved source  |     |   | IN OUT         | Toxic substances properly identified, stored and used       |     |   |
| IN OUT N/O N/A | Food received at proper temperature   |     |   |                | Conformance with Approved Procedures                        |     |   |
| IN OUT         | Food in good condition, safe and unadulterated  |     |   | IN OUT N/A     | Compliance with approved Specialized Process and HACCP plan |     |   |
| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction                           |     |   |                |   |     |   |
|                | Protection from Contamination   |     |   |                |   |     |   |
| 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           |     |   |                |   |     |   |

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      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  |     |   |    |     | 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<br><i>Twila Thompson</i> |                                     |                         | Date:<br><i>5/25/20</i>  |                 |  |
| Inspector:<br><i>[Signature]</i>                  | Telephone No.<br><i>477/667/417</i> | EPHS No.<br><i>1773</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: |  |



