



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

TIME IN 11:45 TIME OUT 12:25  
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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: Winona Senior Center OWNER: Jennifer Steht PERSON IN CHARGE: Same  
 ADDRESS: 8478 Sapp COUNTY: Shannon  
 CITY/ZIP: Winona 65588 PHONE: 573/325/4636 FAX: \_\_\_\_\_ P.H. PRIORITY:  H  M  L  
 ESTABLISHMENT TYPE  
 BAKERY  C. STORE  CATERER  DELI  GROCERY STORE  INSTITUTION  
 RESTAURANT  SCHOOL  SENIOR CENTER  TEMP. FOOD  TAVERN  MOBILE VENDORS  
 PURPOSE  
 Pre-opening  Routine  Follow-up  Complaint  Other  
 FROZEN DESSERT  Approved  Disapproved  Not Applicable License No. \_\_\_\_\_  
 SEWAGE DISPOSAL  PUBLIC  PRIVATE  
 WATER SUPPLY  COMMUNITY  NON-COMMUNITY  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
<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	Proper cooking, time and temperature		
		Employee Health			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	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	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	Proper hot holding temperatures		
		Good Hygienic Practices			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Consumer Advisory		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Hands clean and properly washed			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	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	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	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	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	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	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.				
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food separated and protected					IN = in compliance	OUT = not in compliance	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized					N/A = not applicable	N/O = not observed	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food					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
<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	COS				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					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			<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: X W M Date: 2/5/25  
 Inspector: Re-PR Telephone No. 417/967/4121 EPHS No. 1773 Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_



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ESTABLISHMENT NAME		ADDRESS		CITY	ZIP
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/ LOCATION		TEMP.
Kosher		35	Lettuce mix		35
Beef Ribs		137	Walk in		36
Pork		141	Celery		37
Potatoes		43	milk		
Milk		44	Pork		
Pork			2 Bay		

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.		
	NO violation		

Code Reference	CORE ITEMS	Correct by (date)	Initial
3-501.13	Improper thawing → Pork Ribs is sink of stagnant water. → Correct instruction of Proper thawing techniques * Thaw under running water or in Refrigerator → move to Refrigerator	COS	

EDUCATION PROVIDED OR COMMENTS  
 2 Bay Ref is Almost Warm please sheet for 39°F  
 has temp for awhile

Person in Charge / Title: X QJ M Date: 2/5/25  
 Inspector: [Signature] Telephone No. 417/967/4131 EPHS No. 1773  
 Follow-up:  Yes  No  
 Follow-up Date: