



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

TIME IN: 11:15 TIME OUT: 12:00  
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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: J+B Old Time OWNER: Jerry Reese PERSON IN CHARGE: S.C.M.C.  
ADDRESS: 101 Missouri COUNTY: Foxs Summit  
CITY/ZIP: Eminence MO 64726/3878 PHONE: 417/226/3878 FAX:  
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
IN	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
	Employee Health			IN	Proper reheating procedures for hot holding		
IN	Management awareness; policy present			IN	Proper cooling time and temperatures		
IN	Proper use of reporting, restriction and exclusion			IN	Proper hot holding temperatures		
	Good Hygienic Practices			IN	Proper cold holding temperatures		
IN	Proper eating, tasting, drinking or tobacco use			IN	Proper date marking and disposition		
IN	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN	Hands clean and properly washed			IN	Consumer advisory provided for raw or undercooked food		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN	Food obtained from approved source			IN	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used		
IN	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN	Required records available: shellstock tags, parasite destruction			IN	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. IN = in compliance N/A = not applicable COS = Corrected On Site OUT = not in compliance N/O = not observed R = Repeat Item			
IN	Food separated and protected						
IN	Food-contact surfaces cleaned & sanitized						
IN	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: 12/17/25  
Inspector: [Signature] Telephone No: 417/957/4131 EPHS No: 1713  
Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_



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ESTABLISHMENT NAME		ADDRESS		CITY		ZIP	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.		
Hamburger		38	Milk		39		
Custard		35	Cob. Ice		35		
Milk		37	Hamburger		38		
Tortilla		36	Cheese		39		
Lettuce		37	Fried Potato		135		

**PRIORITY ITEMS**  
 Code Reference 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. Correct by (date) Initial

no violation

**CORE ITEMS**  
 Code Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. Correct by (date) Initial

4-501.11	Seal on Chest freezer is not intact hinges not closing properly. Fixed, hinge & seal or Replace. Drop freezer		
6-301.11	No soap at either Hand sink Got some		
6-301.14	No Signage at either Hand sink "Hand washing Only"		
6-301.12	No towels at either hand sink got some paper towel or hand dryer at both hand sinks.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: \_\_\_\_\_ Date: 11/17/25  
 Inspector: [Signature] Telephone No. 571/4131 EPHS No. 1773  
 Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_