



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

TIME IN	TIME OUT
PAGE 1 of 1	

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: <i>Crisco Line Bakery &amp; Cafe</i>	OWNER: <i>Ronda Wetsa</i>	PERSON IN CHARGE: <i>Same</i>
ADDRESS: <i>9491 CR 483</i>	COUNTY: <i>Shannon</i>	
CITY/ZIP: <i>Bartholomew, 65438</i>	PHONE:	FAX:
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L		
ESTABLISHMENT TYPE <input checked="" 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 <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 <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> 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			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A		
Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature			
<b>Employee Health</b>				<b>Proper reheating procedures for hot holding</b>			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A		
Management awareness; policy present				Proper cooling time and temperatures			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A		
Proper use of reporting, restriction and exclusion				Proper hot holding temperatures			
<b>Good Hygienic Practices</b>				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A		
Proper eating, tasting, drinking or tobacco use				Proper cold holding temperatures			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A		
No discharge from eyes, nose and mouth				Proper date marking and disposition			
<b>Preventing Contamination by Hands</b>				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Hands clean and properly washed				Consumer Advisory			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A		
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A		
Adequate handwashing facilities supplied & accessible				Highly Susceptible Populations			
<b>Approved Source</b>				<b>Chemical</b>			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food obtained from approved source				Food additives: approved and properly used			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT		
Food received at proper temperature				Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Food in good condition, safe and unadulterated				Conformance with Approved Procedures			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT <input type="checkbox"/> N/A		
Required records available: shellstock tags, parasite destruction				Compliance with approved Specialized Process and HACCP plan			
<b>Protection from Contamination</b>				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			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT						
Food separated and protected							
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT						
Food-contact surfaces cleaned & sanitized							
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT						
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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Food Temperature Control</b>			<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"/>	<b>Utensils, Equipment and Vending</b>		
<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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Food Identification</b>			<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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Prevention of Food Contamination</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Physical Facilities</b>		
<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"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>X</i>	Date: <i>1/14/26</i>
Inspector: <i>N. P. H.</i>	Telephone No: <i>517/967/4131</i>
EPHS No: <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: