



Bring 2 handwashing signs

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

TIME IN 9:00AM	TIME OUT 11:00AM
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: CAROTHERVILLE MIDDLE SCHOOL	OWNER: CAROTHERVILLE SCHOOL DISTRICT	PERSON IN CHARGE: CARLEKA COATS
ADDRESS: 1705 WARD AVENUE		COUNTY: PEMISCOT
CITY/ZIP: CAROTHERVILLE 63830	PHONE: 573-330-6100	FAX: -
ESTABLISHMENT TYPE <input 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 checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" 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 checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input 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
(IN) OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT (N/O) N/A	Proper cooking, time and temperature		
Employee Health				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				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		
Approved Source				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			
(IN) OUT	Food obtained from approved source			IN OUT (N/A)	Food additives: approved and properly used		
IN OUT (N/O) N/A	Food received at proper temperature			(IN) OUT	Toxic substances properly identified, stored and used		
(IN) OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			
IN OUT N/O (N/A)	Required records available: shellstock tags, parasite destruction			IN OUT (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. IN = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item			
(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						

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: <i>Carleka Coats</i>	Date: 12-12-22
Inspector: <i>Jan W. [Signature]</i>	Telephone No. 573-389-1656
EPHS No. 1124	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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PAGE 2 of 2

CARUTHERSVILLE

ESTABLISHMENT NAME MIDDLE SCHOOL		ADDRESS 1705 L JARD AVENUE		CITY CARUTHERSVILLE	ZIP 63830
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
MILK BEVERAGE AIR (NORTH)		39°F	DELI SANDWICH HOLD		37°F
AIR METRO HOT HOLD		157°F	LETTUCE WALK-IN COOLER		36°F
			PEAS HOT HOLD (RIGHT)		171°F
			PEAS HOT HOLD (LEFT)		163°F
MILK BEVERAGE AIR (SOUTH)		38°F			

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 priority items		

Code Reference	CORE ITEMS	Correct by (date)	Initial
03-13	One cockroach seen on floor near dishwasher and one seen near top of washer. Remove cockroaches from this location.	01-01-23	
	5-305.15(B) In room with hot holding tables, are some ceiling tiles with brown water staining and near vent hood, is a light cover with a water puddle. These indicate water leaks and if so repair ceiling to stop leaks.	03-01-23	
	Dishwasher sanitise rinse cycle temperature on dishes - 161°F - this is fine.		

EDUCATION PROVIDED OR COMMENTS
Quaternary ammonia sanitizer concentration from dispenser - 100 ppm - this is fine.

Person in Charge / Title: _____ Date: 12-12-22
Inspector: Jon W. Dufford Telephone No. 573-359-1165 EPHS No. 1124 Follow-up: Yes No Follow-up Date: _____