



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

| | | | |
|---------|----------------|----------|---------|
| TIME IN | 4:40 pm | TIME OUT | 5:54 pm |
| DATE | Sept. 11, 2015 | 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: Central High School Football Concession Stand | | OWNER: Central R-III School District | | PERSON IN CHARGE: Michelle Richardson | |
| ADDRESS: 116 Rebel Drive | | | ESTABLISHMENT NUMBER: 4737 | | COUNTY: 187 |
| CITY/ZIP: Park Hills 63601 | | PHONE: (573)366-1385 | | FAX: none | |
| P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L | | | | | |
| ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS | | | | | |
| 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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 |
|--|---|-----|---|--|--|-----|---|
| <input checked="" type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooking, time and temperature | | |
| | Employee Health | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| | Good Hygienic Practices | | | <input checked="" type="checkbox"/> OUT N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, tasting, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | IN OUT N/O <input checked="" type="checkbox"/> N/A | Time as a public health control (procedures / records) | | |
| | Preventing Contamination by Hands | | | | Consumer Advisory | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | IN OUT N/O <input checked="" type="checkbox"/> N/A | Pasteurized foods used, prohibited foods not offered | | |
| | Approved Source | | | | Chemical | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | IN OUT <input checked="" type="checkbox"/> N/A | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT N/C N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> OUT | Toxic substances properly identified, stored and used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | |
| IN OUT N/O <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction | | | IN OUT <input checked="" type="checkbox"/> 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 N/O = not observed COS = Corrected On Site R = Repeat Item | | |
| IN OUT <input checked="" type="checkbox"/> N/A | Food separated and protected | | | | | | |
| <input checked="" type="checkbox"/> OUT N/A | Food-contact surfaces cleaned & sanitized | | | | | | |
| <input checked="" type="checkbox"/> 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 |
|-------------------------------------|-------------------------------------|---|-------------------------------------|---|-------------------------------------|--------------------------|---|-----|-------------------------------------|
| <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 | | | | | Utensils, Equipment and Vending | | |
| <input type="checkbox"/> | <input checked="" 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 | | <input checked="" type="checkbox"/> |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Insects, rodents, and animals not present | <input checked="" type="checkbox"/> | | <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: <i>Michelle Richardson</i> Michelle Richardson | | | Date: September 11, 2015 | | |
| Inspector: <i>Rose Mier</i> Rose Mier | | Telephone No. (573)431-1947 | EPHS No. 1390 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Follow-up Date: _____ | | | | | |



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

| | | | | |
|---|--|----------------------------|--------------------------------|--|
| ESTABLISHMENT NAME Central High School Football Concession Stand | | ADDRESS 116 Rebel Drive | CITY / ZIP Park Hills 63601 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | |
| Ambient, Powerade cooler | | 40 | Ambient, hot hold cabinet | |
| Ambient, Frigidaire refrigerator/freezer | | 32/8 | Cheddar cheese, dispenser | |
| Nacho cheese, dispenser | | 141 | Hot dog, roller cooker | |
| Chili, hot hold | | 147 | Hamburgers, grill | |
| | | | | |

| Code Reference | PRIORITY ITEMS 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 |
|----------------|--|-------------------|---------|
|----------------|--|-------------------|---------|

| | | | |
|-----------|---|-----|-----------|
| NOTE | There is no 3-vat sink in this facility. All food contact equipment is taken to the high school cafeteria and clean/sanitize in the facility mechanical ware wash machine. | | |
| 6-501.111 | A live spider in a web was observed inside a drawer below the popcorn maker. There shall be no evidence of pests. Please remove spider, web, and clean drawer. CORRECTED ON SITE by killing spider and cleaning drawer. | COS | <i>MR</i> |

| Code Reference | CORE ITEMS 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 |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

| | | | |
|-----------|---|----------|-----------|
| 4-601.11C | Food debris observed on the outside surfaces of the Igloo beverage dispenser. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean. CORRECTED ON SITE by cleaning container. | COS | <i>MR</i> |
| 4-203.12B | The digital readout on the hot hold cabinet read 157F, the actual ambient temperature was measured at 180F. Thermometers shall be accurate to +/-3F. Please place an accurate thermometer on the inside of this unit. | 9/18/15 | <i>MR</i> |
| 4-203.12B | The thermometer on the inside of the Frigidaire refrigerator read 42F, but the actual ambient temperature was measured at 32F. Thermometers shall be accurate. Please place an accurate thermometer on the inside of this unit. | 9/18/15 | |
| 6-301.14 | There was no handwashing sign at the handwashing sink. Signs shall be posted to remind employees to wash their hands. Please install sign. CORRECTED ON SITE by posting provided sign. | COS | |
| 6-202.15A | The outside entry door was not self-closing. Entry doors shall be tight-fitting and self-closing. Please install a self-closing device on this door. | 10/11/15 | |
| 6-501.18 | The handwashing sink was dirty in the men's bathroom. Sinks shall be kept clean. Please clean sink as often as needed to keep clean. | 9/18/15 | |
| 3-304.12B | Glasses were used as a scoop in the bulk container of popcorn. In-use utensils shall have handles that are stored above the surface of the food. Please replace with handled scoop. | 9/18/15 | |

| EDUCATION PROVIDED OR COMMENTS | | | |
|--------------------------------|--|--|--|
| | | | |

| | | |
|--|---------------------|--|
| Person in Charge / Title: <i>Michelle Richardson</i> | Michelle Richardson | Date: September 11, 2015 |
| Inspector: <i>Rose Mier</i> | Rose Mier | Telephone No. (573)431-1947 |
| | | EPHS No. 1390 |
| | | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Follow-up Date: |