



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

TIME IN 6:47 am	TIME OUT 9:22 am
DATE Feb. 6, 2017	PAGE 1 of 3

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: North County High School Cafeteria		OWNER: North County R-VI School District	PERSON IN CHARGE: Tanya Parmley, Kitchen Head		
ADDRESS: 7151 Raider Road		ESTABLISHMENT NUMBER: 0158	COUNTY: St. Francois		
CITY/ZIP: Bonne Terre 63628		PHONE: (573)431-3300 ext. 5, 4	FAX: (573)358-2377	P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
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"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD					
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 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
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	<b>Chemical</b>		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> COS <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized		<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> 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		
		<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					<b>Utensils, Equipment and Vending</b>		
<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		
		<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		<input checked="" type="checkbox"/>
		<b>Prevention of Food Contamination</b>					<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Tanya Parmley</i>		Tanya Parmley, Kitchen Head		Date: Feb. 6, 2017	
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 North County High School Cafeteria		ADDRESS 7151 Raider Road		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
French toast, oven		178	Traulsen cooler #2: ambient, bologna		40, 37
Milk cooler box 1: milk, ambient		37, 33	Wilder hot hold cabinet: ambient		170
Milk cooler box 2: milk, ambient		37, 38	Traulsen hot hold cabinet: ambient		180
1-door glass beverage cooler: ambient		34	CresCor hot hold cabinet: ambient		160
2-door glass beverage cooler: ambient		39	Traulsen cooler: ambient, grape juice		35, 35

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.**

NOTE	TEMPERATURES, in degrees Fahrenheit, continued: CresCor hot hold cabinet - ambient 170 Traulsen freezer, dry storage room, ambient - 1 Traulsen staff refrigerator - ambient 41 Walk-in cooler: ambient 40, milk 38 Walk-in freezer: ambient 2		TP
4-601.11A	The Nemco dicer was observed with dried food debris on the cutting surfaces. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, sanitize before storing. CORRECTED ON SITE by taking to 3-vat sink for cleaning and sanitizing.	COS	TP
7-102.11	The squeeze bottles containing a blue liquid, stored on the chemical shelf across from the 3-vat sink, were not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label bottles. CORRECTED ON SITE by labeling bottles	COS	
7-102.11	A spray bottle, stored on shelf across from 3-vat sink, was labeled "bleach for pretzels."	COS	
7-203.11	Please accurately label working containers of food and chemicals. Never use a spray bottle that held chemicals for holding food (example: putting water for pretzels in a bottle that was previously used for sanitizer). CORRECTED ON SITE by discarding liquid and placing bottle in sink for cleaning and removing old labels.		

Code Reference	CORE ITEMS	Correct by (date)	Initial
----------------	------------	-------------------	---------

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.**

4-203.12A	The Traulsen hot hold cabinet had an ambient temperature of 180F; the integral thermometer read 60F; there was no thermometer on the inside of the unit. Thermometers shall be accurate. Please install an accurate thermometer reading from 0 to 220F in a convenient to read location in the coolest part of this unit.	2/7/17	TP
4-601.11C	Debris observed on the cover over the bulb inside the Traulsen hot hold cabinet. Non-food contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean the cover over the light bulb. CORRECTED ON SITE by cleaning	COS	
4-203.12A	The ambient temperature of the CresCor hot hold cabinet was 160F. The integral thermometer was not functioning, and the inside thermometer read 250F on the floor of the unit. Thermometers shall be accurate and placed in the coolest part of the unit. Please ensure thermometer is accurate and move off the floor of the unit where it is probably the warmest part of the cabinet.	2/7/17	
4-601.11C	Accumulation of debris on the inside of the doors and floor of the Traulsen hot hold cabinet. Please clean all surfaces of cabinet as often as needed to keep clean. COS by cleaning	COS	
4-203.12A	The CresCor hot hold cabinet, near the 3-vat sink, had an ambient temperature of 170F. The integral thermometer was not functional and the inside thermometer began at 200F. Please install an accurate thermometer reading from 0 to 220F in the coolest part of this unit.	2/7/17	

EDUCATION PROVIDED OR COMMENTS

Yogurt parfaits, french toast (commercially prepared and packaged), cereal bars, cereal, variety of fruits, milk, juice

Person in Charge /Title:	<i>Tanya Parmley</i> Tanya Parmley, Kitchen Head	Date:	Feb. 6, 2017
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 North County High School Cafeteria		ADDRESS 7151 Raider Road		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
7-102.11	The label on a spray bottle of yellow liquid, stored with the chemicals below the drain board in the mechanical warewash room, was barely legible. CORRECTED ON SITE by re-labeling.	COS	
5-203.14B	A leak was observed in the vacuum breaker above the mechanical warewashing machine. This vacuum breaker may not function correctly to prevent water backflow. Please have it serviced to fix leak and ensure it works correctly, or replace. COS by maintenance repairing.	COS	
7-202.12A	Two cans of Wasp and Hornet spray were stored in the janitor's closet (across from staff offices). This insecticide is not labeled for use in a food establishment. Please remove insecticide from food service area. COS by moving insecticide	COS	
7-102.11	A "Hillyard" dilution spray bottle holding yellow liquid in the janitor's closet was not labeled. Please label with the common name of the contents. COS by labeling bottle	COS	
4-601.11A	Sticky residue from labels remained on several white plastic containers stored in the cabinet in the equipment storeroom. Please remove sticky residue during cleaning process. CORRECTED ON SITE by moving the containers to the 3-vat sink for cleaning	COS	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
6-202.15A	Daylight was observed between and beneath the side entry doors (from outdoors) into the dining room. Outside entries shall be sealed to reduce pest entry points. Please seal doors.	2/17/17	
6-501.14A	Accumulation of dust observed on the vent in the employee bathroom. Ventilation systems shall not be a source of contamination. Please clean vent as often as needed to keep clean. CORRECTED ON SITE by cleaning	COS	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Tanya Parmley</i>	Tanya Parmley, Kitchen Head	Date: Feb. 6, 2017
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: