



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

|         |         |          |         |
|---------|---------|----------|---------|
| TIME IN | 9:43am  | TIME OUT | 12:10pm |
| DATE    | 9-15-16 | 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:<br>North County R-1 Primary School   | OWNER:<br>North County R-1 School District   | PERSON IN CHARGE:<br>Nicki Pettus   |
| ADDRESS:<br>405 Hillcrest Dr.  | ESTABLISHMENT NUMBER:<br>4499  | COUNTY:<br>187  |
| CITY/ZIP:<br>Bonne Terre, 63628  | PHONE:<br>573-431-3300   | FAX:<br>573-358-2377  |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____   |  | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L   |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY RESTAURANT <input checked="" 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 |  |   |
| FROZEN DESSERT<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O N/A   | Proper date marking and disposition                         |     | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> OUT N/O   | No discharge from eyes, nose and mouth  |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O 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   |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> 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                                       |                                     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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  |                                     |   | <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"/> 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                        |     |                                     |
| <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 |     |                                     |
|   | Protection from Contamination   |                                     |   |   |   |     |                                     |
| <input checked="" type="checkbox"/> OUT N/A   | Food separated and protected  |                                     |   |   |   |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A   | Food-contact surfaces cleaned & sanitized   | <input checked="" type="checkbox"/> |   |   |   |     |                                     |
| <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O   | Proper disposition of returned, previously served, reconditioned, and unsafe food           | <input checked="" type="checkbox"/> |   |   |   |     |                                     |

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

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   |                                     |   |                                     | <input checked="" type="checkbox"/> | Utensils, Equipment and Vending   |     |                                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Thermometers provided and accurate  |                                     |   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     | <input checked="" type="checkbox"/> |
|                                     |                                     | 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  |     |                                     |
|                                     |                                     | Prevention of Food Contamination  |                                     |   |                                     | <input checked="" type="checkbox"/> | Physical Facilities   |     |                                     |
| <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Contamination prevented during food preparation, storage and display                | <input checked="" type="checkbox"/> |   | <input type="checkbox"/>            | <input checked="" 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:<br> | Nicki Pettus | Date:                          | September 15, 2016  |
| Inspector:<br>               | John Wiseman | Telephone No.<br>(573)431-1947 | EPHS No.<br>1507  |
|                              |              | Follow-up:                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                              |              | Follow-up Date:                | 9-29-16   |



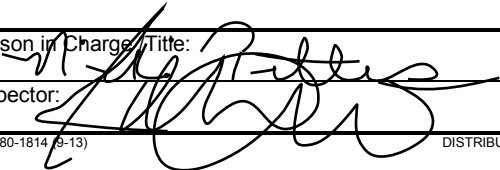

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 BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
**FOOD ESTABLISHMENT INSPECTION REPORT**

|   |  |                              |                                  |                                  |              |
|---|--|------------------------------|----------------------------------|----------------------------------|--------------|
| ESTABLISHMENT NAME<br>North County R-1 Primary School |  | ADDRESS<br>405 Hillcrest Dr. |                                  | CITY / ZIP<br>Bonne Terre, 63628 |              |
| FOOD PRODUCT/LOCATION                                 |  | TEMP. in ° F                 | FOOD PRODUCT/ LOCATION           |                                  | TEMP. in ° F |
| Vegetarian chili as prepared                          |  | 196                          | Service line coolers #1 & #2     |                                  | 40, 40       |
| Blackeyed peas as prepared                            |  | 183                          | Service line hot cabinet #1 & #2 |                                  | 150, 162     |
| Veg chili hot held                                    |  | 158                          | Walk-in cooler/freezer           |                                  | 38, 0        |
| Milk from milk cooler #1                              |  | 38                           | Outside walk-in freezer          |                                  | 0            |
| Milk cooler #1 & #2                                   |  | 38, 38                       |                                  |                                  |              |

| Code Reference | PRIORITY ITEMS<br>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 |
|----------------|---|-------------------|---------|
| 3-501.17A      | A discard date was not observed on open packages of American cheese, cheddar cheese and mozzarella cheese stored in the walk-in cooler. Potentially hazardous foods held refrigerated shall be marked with the day or date, not to exceed seven days, by which time the food will be sold, consumed or discarded. COS by marking the food with discard dates. | COS               |         |
| 3-501.17A      | A discard date was not observed on a bowl of meatloaf sauce stored in the walk-in cooler. Potentially hazardous foods held refrigerated shall be marked with the day or date, not to exceed seven days, by which time the food will be sold, consumed or discarded. COS by voluntarily discarding the food.   | COS               |         |
| 4-202.11A<br>2 | A cracked plastic pitcher was observed in storage at the East prep table in the kitchen. Multi-use food equipment shall be free of breaks, cracks and imperfections that render it uncleanable. COS by removing the item from service.  | COS               |         |
| 4-601.11A      | A brown residue, probably oil, was observed in the bottom of the Hobart mixer bowl. Food contact surfaces shall be clean to sight and touch. COS by washing, rinsing and sanitizing the bowl.   | COS               |         |
| 4-202.11A<br>2 | A cracked plastic tray was observed in storage below the spice rack in the kitchen. Multi-use food equipment shall be free of breaks, cracks and imperfections that render it uncleanable. COS by removing the item from service.   | COS               |         |
| 4-601.11A      | Food residue was observed on the lower surface of the meat slicer feed tray. Food contact surfaces shall be clean to sight and touch. COS by washing, rinsing and sanitizing the equipment.   | COS               |         |

| Code Reference | CORE ITEMS<br>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 |
|----------------|--|-------------------|---------|
| 3-501.11A<br>2 | Ice was observed dripping from the cooling unit in the walk-in freezer. Food shall be protected from sources of contamination. COS by placing a tray below the drip.<br><br>Note: The facility mechanical dishwasher was observed to be operating at correct sanitation temperatures. The thermal indicator label used to test the sanitation temperature will be attached to the Health Center copy of the inspection report. | COS               |         |

EDUCATION PROVIDED OR COMMENTS

|  |                             |                          |
|--|-----------------------------|--------------------------|
| Person in Charge/Title:  Nicki Pettus |                             | Date: September 15, 2016 |
| Inspector:  John Wiseman              | Telephone No. (573)431-1947 | EPHS No. 1507            |
| Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                             | Follow-up Date: 9-29-16  |



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| ESTABLISHMENT NAME<br>North County R-1 Primary School | ADDRESS<br>405 Hillcrest Dr. | CITY /ZIP<br>Bonne Terre, 63628 |
|---|------------------------------|---------------------------------|

| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |

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|----------------|--|-------------------|---------|
|----------------|--|-------------------|---------|

|           |   |         |    |
|-----------|---|---------|----|
| 5-203.14B | The faucet servicing the mop sink was observed to be equipped with a wye connector. One arm of the wye connector is equipped with a hose bibb vacuum breaker but the other arm is not similarly equipped. A plumbing system shall be installed to preclude backflow of a solid, liquid or gas contaminant into the water supply system at each point of use at the food establishment. Please install an American Society of Sanitary Engineers (A.S.S.E) approved hose bibb vacuum breaker on each arm of the wye connector. | 9-29-16 | NP |
| 3-202.15  | A six pound can of Hunts tomato sauce stored in the dry storage room was observed with damage to the top and bottom seals of the can. Food packages shall be in good condition and protect the integrity of the contents so that food is not exposed to adulteration or potential contaminants. COS by removing the food from service.  | COS     |    |

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|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

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EDUCATION PROVIDED OR COMMENTS

|                               |               |  |
|-------------------------------|---------------|--|
| Person in Charge (Title):<br> | Nicki Pettus  | Date: September 15, 2016   |
| Inspector:<br>                | John Wiseman  | Telephone No. (573)-431-1947   |
|                               | EPHS No. 1507 | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                               |               | Follow-up Date: 9-29-16  |