



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

TIME IN	7:05 AM	TIME OUT	9:20 AM
DATE	9/18/19	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: West County Middle School Cafeteria		OWNER: West St. Francois County RIV		PERSON IN CHARGE: Dee Giddon, Kitchen Manager	
ADDRESS: 728 Highway M			ESTABLISHMENT NUMBER: 4798		COUNTY: 187
CITY/ZIP: Park Hills, 63601		PHONE: 573-562-7544		FAX: 573-562-2714	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____					
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					
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" 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"/> <b>OUT</b>	Person in charge present, demonstrates knowledge, and performs duties			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>N/A</b>	Proper cooking, time and temperature		
<b>Employee Health</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>N/A</b>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <b>OUT</b>	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>N/A</b>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> <b>OUT</b>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> <b>N/A</b>	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> <b>N/A</b>	Proper cold holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> <b>N/A</b>	Proper date marking and disposition		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> <b>N/A</b>	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"/> <b>N/A</b>	<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Hands clean and properly washed			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>N/A</b>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> <b>OUT</b>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Pasteurized foods used, prohibited foods not offered		
<b>Approved Source</b>				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>N/A</b>	<b>Chemical</b>		
<input checked="" type="checkbox"/> <b>OUT</b>	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>N/A</b>	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>N/A</b>	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> <b>Q/T</b>	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input type="checkbox"/> IN <input checked="" type="checkbox"/> <b>Q/T</b>	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			<b>Conformance with Approved Procedures</b>		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> <b>N/A</b>	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"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food separated and protected						
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	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	COS	R	IN	OUT	COS	R
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Safe Food and Water</b>				<b>Proper Use of Utensils</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Food Identification</b>				<b>Physical Facilities</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Person in Charge / Title: <i>Dee Giddon</i> Dee Giddon, Kitchen Manager		Date: September 18, 2019	
Inspector: <i>Daniel Huff</i> Daniel Huff	Telephone No. (573)431-1947	EPHS No. 1645	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 9/26/19



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 FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME West County Middle School Cafeteria		ADDRESS 728 Highway M		CITY / ZIP Park Hills, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Milk Cooler: Ambient, Milk		37, 36	Walk-In cooler: Ambient		35
Traulson Hot Cabinet: Ambient		138-140	Walk-in freezer: Ambient		<0
Traulson Refrigerator: Ambient, Orange Juice		38, 40	Frigidaire Refrigerator: Amb (Top-Bottom)		40-48*
			Frigidaire Refrig: Cottage Cheese, Diced Ham, Taco Meat		40, 45, 46

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>			
3-501.16A (2)	*Temperatures of potentially hazardous foods in the Frigidaire refrigerator were above 41F (Taco Meat on the bottom shelf, 46F; diced ham on the middle shelf, 45F). Cottage cheese on the top shelf was 40F. The ambient temperature ranged from 40F at the top of the unit to 48F at the bottom. Potentially hazardous foods held cold shall be maintained at 41F or lower. Potentially hazardous foods from all but the top shelf were voluntarily discarded. <b>DO NOT USE THIS REFRIGERATOR FOR POTENTIALLY HAZARDOUS FOODS UNTIL IT IS REPAIRED.</b>	9/26/19	Dr
7-201.11	A bottle of hand sanitizer was observed on a shelf above storage of clean equipment and clean linens and a bottle of liquid dish detergent was sitting behind the food prep sink in the kitchen. A Toxic materials shall be stored where contamination of clean equipment and clean linens cannot occur. <b>CORRECTED ON SITE</b> by placing the hand sanitizer and the soap on a lower shelf.	COS	
4-501.114A	No chlorine was detected in the bucket of sanitizer solution in the kitchen. Chlorine sanitizer solution used for food contact surfaces shall have a concentration of 50 to 100 parts per million (ppm). The kitchen manager mixed a new bucket of sanitizer and still no chlorine was detected. It was observed that the bleach used was a splashless variety. Only regular unscented bleach shall be used for sanitizer solution. The kitchen manager obtained a bottle of regular bleach and mixed another bucket of sanitizer solution that was measured at a concentration between 50 and 100 ppm. <b>CORRECTED ON SITE.</b>	COS	
NOTE:	Approximately 20% of the surface area of the sewage treatment sand filter gravel beds was covered with grass and other weeds. Please control vegetation within the sand filter area.		

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>			
4-903.11A	A soiled linen was observed draped over a shelf where clean linens and equipment is stored. Clean linens and equipment shall be stored where it is not exposed to contamination. <b>CORRECTED ON SITE</b> by placing the soiled linen in the container for soiled linens and cleaning and sanitizing the shelf where it was located.	COS	DG
3-304.14B	A wet wiping cloth was observed laying on a counter surface in the kitchen. Cloths used for wiping equipment and counter surfaces shall be held between uses in a chemical sanitizer solution. <b>CORRECTED ON SITE</b> by placing the cloth in the soiled linen container.	COS	
6-403.11B	Numerous plastic and aluminum single-use food containers were stored at several locations within the facility. According to the kitchen manager, the containers are for personal use. Personal items shall be stored in a designated location. Please move the items to a designated location or remove them from the facility.	9/26/19	
5-501.113	The lids on the outside dumpster were observed open. Outside dumpsters shall have their lids kept closed. <b>CORRECTED ON SITE</b> by closing the dumpster lids.	COS	
NOTE:	The hot water sanitizing dish washer reached adequate sanitizing temperatures based on the thermo test label attached to an equipment item and passed through the cycles of the mechanical warewashing machine. The thermo test label will be attached to the Health Center copy of this routine inspection report.		

EDUCATION PROVIDED OR COMMENTS  
 Breakfast Menu: Eggo Mini Pancakes (individually packaged), Cereal, Apples, Bananas, Milk, and Juice.

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Inspector: <i>Daniel Huff</i> Daniel Huff	Telephone No. (573) 431-1947
EPHS No. 1645	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 9/26/19