



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

TIME IN 2:47 PM	TIME OUT 4:53 PM
DATE 9/26/19	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: Central R3 Football Concession Stand	OWNER: Central R3 School District	PERSON IN CHARGE: Lawanna Smith
ADDRESS: 116 rebel Drive	ESTABLISHMENT NUMBER: 4737	COUNTY: 187
CITY/ZIP: Park Hills, 63601	PHONE: 573-366-1385	FAX: NA
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 checked="" type="checkbox"/> RESTAURANT <input 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"/> <b>OUT</b>	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>NA</b>	Proper cooking, time and temperature		
	<b>Employee Health</b>						
<input checked="" type="checkbox"/> <b>OUT</b>	Management awareness; policy present			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>NA</b>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <b>OUT</b>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>NA</b>	Proper cooling time and temperatures		
	<b>Good Hygienic Practices</b>						
<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"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>NA</b>	Proper hot holding temperatures		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b> <input type="checkbox"/> <b>NA</b>	Proper cold holding temperatures		
	<b>Preventing Contamination by Hands</b>						
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b>	Hands clean and properly washed			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>NA</b>	Proper date marking and disposition		
<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				Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> <b>OUT</b>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>NA</b>	<b>Consumer Advisory</b>		
	<b>Approved Source</b>				Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> <b>OUT</b>	Food obtained from approved source			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>NA</b>	<b>Highly Susceptible Populations</b>		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Food received at proper temperature			<input checked="" type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b>	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> <b>OUT</b>	Food in good condition, safe and unadulterated				<b>Chemical</b>		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>NA</b>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>NA</b>	Food additives: approved and properly used		
	<b>Protection from Contamination</b>				Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food separated and protected				<b>Conformance with Approved Procedures</b>		
<input type="checkbox"/> <b>IN</b> <input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food-contact surfaces cleaned & sanitized	<input checked="" type="checkbox"/>			Compliance with approved Specialized Process and HACCP plan		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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	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>				<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>Utensils, Equipment and Vending</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Food Identification</b>				<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Prevention of Food Contamination</b>				<b>Physical Facilities</b>			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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 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"/>		

Person in Charge /Title: <i>R. Smith</i>	Lawanna Smith	Date: September 26, 2019
Inspector: <i>Daniel Huff</i>	Daniel Huff	Telephone No. (573)431-1947
	EPHS No. 1645	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____



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 BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
 FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Central R3 Football Concession Stand		ADDRESS 116 rebel Drive		CITY /ZIP Park Hills, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Powerade Cooler: Ambient		36	Metro Hot Cabinet: Ambient, Cheeseburger		150, 120*
Cheeseburger from grill		180	Frigidaire Refrigerator/Freezer: Ambient		36/<0
Hot dogs from roller		150-167	Cheese sauce in metal warmer		170
Cheese sauce in crock pot		80-150			
Chili in roaster pan		140			

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
3-501.16A (1)	*Cheeseburgers in the Metro hot cabinet were measured at 120F. Potentially hazardous foods held hot shall be maintained at 135F or higher. The ambient temperatue inside the cabinet was 150F. Kitchen staff said the pre-cooked burgers were heated to at least 165F on the flat grill in the concession stand. However, a cold slice of cheese is placed on the burgers after removing them from the grill. Please place the cheese on the burger while they are on the grill in order to warm the cheese and prevent the temperature from dropping below 135F. CORRECTED ON SITE by melting the cheese on the grill for the second batch of burgers. NOTE: The first batch of burgers may be served because they were prepared approximately 1 hour before service begins.	COS	S
4-601.11A	Residue was observed on several utensils stored in a drawer. Food contact surfaces shall be clean to sight and touch. CORRECTED ON SITE by placing the utensils with dirty dishes to be washed, rinsed, and sanitized.	COS	
6-501.111	Spider webs and a live spider were observed in the drawer below the oven in the kitchen and below the hand washing sink in the women's restroom. The presence of pests in the facility shall be controlled to minimize their presence on the premises. Please routinely inspect for evidence of pests and remove when found. Employ an approved and effective method of pest control if their presence persists. CORRECTED ON SITE by removing the spiders and webs.	COS	
4-601.11A	Dried food residue was observed on a crock pot on a shelf above the sink in the facility. Food contact surfaces shall be clean to sight and touch. According to kitchen staff it is not used in the facility. CORRECTED ON SITE by voluntarily discarding the crock pot.	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
4-601.11C 6-501.112	Debris and dead insects were observed in the door slides of the Powerade cooler. Non-food contact surfaces shall be free debris accumulations and dead insects shall be removed from the facility to prevent their accumulation and decomposition in the facility. CORRECTED ON SITE by cleaning the door slides of the cooler.	COS	S
4-601.11C	Residue was observed on the top, the door seal, and the top rim of the Haier chest freezer. Non-food contact surfaces shall be free residue accumulations. CORRECTED ON SITE by cleaning the freezer.	COS	
4-601.11C	Residue and debris were observed in several cabinet drawers in the facility. Non-food contact surfaces shall be free of residue and debris accumulations. CORRECTED ON SITE by cleaning the drawers.	COS	
3-305.11A	A greasy residue accumulation was observed on the lid of the tote containing popcorn. Food shall be stored where it is not exposed to contamination. CORRECTED ON SITE by cleaning the lid.	COS	
3-304.14B	Wiping cloths were observed placed in the kitchen sink during this inspection. Wiping cloths used for wiping counters and equipment shall be held between uses in a chemical sanitizer solution. CORRECTED ON SITE by mixing a bucket of chlorine sanitizer solution to hold wiping cloths.	COS	
3-302.14	No sanitizer test strips were available in the facility during this inspection. A testing device shall be available for testing the concentration of chemical sanitizer solutions in the facility at all times. Please supply the facility with test strips for chlorine sanitizer.	9/30/19	

EDUCATION PROVIDED OR COMMENTS

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