

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

TIME IN 2:25	TIME OUT 3:00
DATE 12-15-21	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: Lix's Frozen Custard		OWNER: Roberts Gettemeier		PERSON IN CHARGE: chelsey chaMPION	
ADDRESS: 1123 North Desloge Dr.			ESTABLISHMENT NUMBER:		COUNTY: 187
CITY/ZIP: Desloge, 63601		PHONE: 573-327-9110		FAX:	
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		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 _____	
License No. 187-19735 exp: 7/31/2022					

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
✓ OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/A	Proper cooking, time and temperature		
✓ OUT	Employee Health			IN OUT N/A	Proper reheating procedures for hot holding		
✓ OUT	Management awareness; policy present			IN OUT N/A	Proper cooling time and temperatures		
✓ OUT	Proper use of reporting, restriction and exclusion			IN OUT N/A	Proper hot holding temperatures		
IN OUT N/A	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/A	Proper eating, tasting, drinking or tobacco use			IN OUT N/A	Proper date marking and disposition		
IN OUT N/A	No discharge from eyes, nose and mouth			IN OUT N/A	Time as a public health control (procedures / records)		
IN OUT N/A	Preventing Contamination by Hands			IN OUT N/A	Consumer Advisory		
IN OUT N/A	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/A	Highly Susceptible Populations		
IN OUT N/A	Adequate handwashing facilities supplied & accessible			IN OUT N/A	Pasteurized foods used, prohibited foods not offered		
✓ OUT	Approved Source			IN OUT N/A	Chemical		
IN OUT N/A	Food obtained from approved source			✓ OUT	Food additives: approved and properly used		
IN OUT N/A	Food received at proper temperature			✓ OUT	Toxic substances properly identified, stored and used		
✓ OUT	Food in good condition, safe and unadulterated			IN OUT N/A	Conformance with Approved Procedures		
IN OUT N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
✓ OUT	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 N/A = not applicable COS = Corrected On Site OUT = not in compliance N/O = not observed R = Repeat Item			
✓ OUT	Food separated and protected						
✓ OUT	Food-contact surfaces cleaned & sanitized						
IN OUT N/A	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
✓		Pasteurized eggs used where required			✓		In-use utensils: properly stored		
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			✓		Single-use/single-service articles: properly stored, used		
✓		Adequate equipment for temperature control			✓		Gloves used properly		
✓		Approved thawing methods used					Utensils, Equipment and Vending		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			✓		Warewashing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container			✓		Nonfood-contact surfaces clean		
✓		Prevention of Food Contamination					Physical Facilities		
✓		Insects, rodents, and animals not present			✓		Hot and cold water available; adequate pressure		
✓		Contamination prevented during food preparation, storage and display			✓		Plumbing installed; proper backflow devices		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Sewage and wastewater properly disposed		
✓		Wiping cloths: properly used and stored			✓		Toilet facilities: properly constructed, supplied, cleaned		
✓		Fruits and vegetables washed before use			✓		Garbage/refuse properly disposed; facilities maintained		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge /Title: chelsey chaMPION		Date: 12-15-21	
Inspector: Kaleb Erwin	Telephone No. (573) 431-1947	EPHS No.	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:	

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ESTABLISHMENT NAME Lix's Frozen Custard		ADDRESS 1123 North Desloge Dr.		CITY / ZIP Desloge, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk in Cooler		40			
Cold Hold Prep Table		34			
Custard Mix in Mixer		40			
Code Reference	<b>PRIORITY ITEMS</b> 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
Code Reference	<b>CORE ITEMS</b> 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
5-205.15	Hand washing sink in the service area was observed with no cold water available. A work order is in for a new part to fix cold water supply. A plumbing system shall be maintained in good repair and in accordance with the law.				
4-903.11A	Minor food splatter was observed on single service items stored next to custard mixers. Single service items shall be stored to prevent contamination.				
4-601.11C	The dipping freezer was observed with a minor accumulation of food debris. Non food contact surfaces shall be cleaned as often as necessary.				
4-601.11C	Minor food debris was observed on the floor of the double door reach in freezer. Non food contact surfaces shall be cleaned as often as necessary.				
EDUCATION PROVIDED OR COMMENTS					
Person in Charge / Title:				Date: 12-15-21	
Inspector: 				chelsey chaMPION	
Inspector: Kaleb Erwin		Telephone No. (573)431-1947	EPHS No.		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Follow-up Date:	