



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

TIME IN 11:17 TIME OUT 11:48
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: Suzie's County Kitchen		OWNER: Susie Brotherton	PERSON IN CHARGE: Susie Brotherton	
ADDRESS: Rte 1 Box 34			COUNTY: Bollinger	
CITY/ZIP: Patton, MO. 63662		PHONE: 573-866-2554	FAX:	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 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 checked="" type="checkbox"/> Complaint <input type="checkbox"/> Other				
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" type="checkbox"/> PRIVATE Date Sampled _____ Results <u>Safe-5Jan</u>
License No. _____				

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

Person in Charge / Title: Susie Brotherton		<i>Katelyn Hanners</i>		Date: 5 Jan 2023
Inspector: <i>[Signature]</i>	Telephone No. 573-238-2817	EPHS No. 1753	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 11 Jan 2023	



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ESTABLISHMENT NAME Suzie's County Kitchen		ADDRESS Rte 1 Box 34		CITY /ZIP Patton ,MO. 63662		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Double door refer.		33				
Food prep. Tray (Tomatoes)		40.5				
Food prep. Tray (Cheese)		43				
Food prep. Tray (Ranch Dressing)		40.5				
Lower area Food Prep Refer.		33				
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.				
2-301.12	NO Soap & NO Paper towels at handsink.		REPEAT VIOLATION			
2-301.14	Improper use of hand sink. Rinsing food serving trays.		REPEAT VIOLATION			
3-501.19	NO 7 day discard date on any items in cool storage or holding.		REPEAT VIOLATION			
4-204.112	NO thermometer available for cooking or cool storage or holding.		REPEAT VIOLATION			
5-203.14	NO backflow prevention device on 3 vat sink.					
4-501.114	NO sanitize test strips avalable.		REPEAT VIOLATION			
4-702.11	Can opener dirty, needs cleaning.					
6-501.115	Animals in restaurant.					
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.				
6-501.110	Food preparation items stored with employee items on rack near exit.		REPEAT VIOLATION			
6-501.12	Open ceiling and unshielded HVAC vents in kitchen/food prep area.		REPEAT VIOLATION			
5-501.17	Female restroom trash can MUST have a lid or cover.		REPEAT VIOLATION			
6-301.14	NO handwashing instruction sign over sink.		REPEAT VIOLATION			
2-103.11	PIC shall ensure employees doing job correctly.		REPEAT VIOLATION			
3-302.12	Unlabeled squirt bottle on spice tray.					
EDUCATION PROVIDED OR COMMENTS						

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Inspector: <i>[Signature]</i>		Telephone No. 573-238-2817	EPHS No. 1753	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			Follow-up Date: 11 Jan 2023			