



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

TIME IN 15:02 TIME OUT 15:28
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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: **Craig & Molly's Hutch** OWNER: **Molly Davidson** PERSON IN CHARGE: **Same**
ADDRESS: **26316 State Highway VV** COUNTY: **Bollinger**
CITY/ZIP: **Marble Hill 63764** PHONE: **573-803-9817** FAX: _____ P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY RESTAURANT C. STORE SCHOOL CATERER SENIOR CENTER DELI SUMMER F.P. GROCERY STORE TAVERN INSTITUTION MOBILE VENDORS TEMP.FOOD

PURPOSE
 Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT Approved Disapproved
SEWAGE DISPOSAL PUBLIC PRIVATE
WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE
License No. N/A 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
IN	OUT	Person in charge present, demonstrates knowledge, and performs duties				<input checked="" type="checkbox"/>	OUT	N/O	N/A		
		Employee Health				IN	OUT	N/O	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				IN	OUT	N/O	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/>	OUT	N/O	N/A		
		Good Hygienic Practices				<input checked="" type="checkbox"/>	OUT	N/A			
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT	N/O	N/A		
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT	N/O	N/A		
		Preventing Contamination by Hands				<input checked="" type="checkbox"/>	OUT	N/O	N/A		
<input checked="" type="checkbox"/>	OUT	N/O				IN	OUT	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	OUT	N/O						Consumer Advisory			
<input checked="" type="checkbox"/>	OUT	N/O						Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/>	OUT							Highly Susceptible Populations			
<input checked="" type="checkbox"/>	OUT					IN	OUT	N/O	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	OUT							Pasteurized foods used, prohibited foods not offered			
		Approved Source				IN	OUT	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	OUT					IN	OUT	<input checked="" type="checkbox"/>			
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT				
<input checked="" type="checkbox"/>	OUT							Chemical			
<input checked="" type="checkbox"/>	OUT							Food additives: approved and properly used			
<input checked="" type="checkbox"/>	OUT							Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/>	OUT							Conformance with Approved Procedures			
IN	OUT	N/O	<input checked="" type="checkbox"/>			IN	OUT	<input checked="" type="checkbox"/>			
		Protection from Contamination						Compliance with approved Specialized Process and HACCP plan			
<input checked="" type="checkbox"/>	OUT	N/A						The letter to the left of each item indicates that item's status at the time of the inspection.			
<input checked="" type="checkbox"/>	OUT	N/A						IN = in compliance			
<input checked="" type="checkbox"/>	OUT	N/A						OUT = not in compliance			
<input checked="" type="checkbox"/>	OUT	N/A						N/A = not applicable			
<input checked="" type="checkbox"/>	OUT	N/A						N/O = not observed			

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"/>		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"/>		Food properly labeled; original container				<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"/>		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"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			

Person in Charge /Title: **Same** Date: **21 May 2026**
Inspector: *[Signature]* Telephone No. **573-238-2817** EPHS No. **1753** Follow-up: Yes No
Follow-up Date: _____

