



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

TIME IN 12:57 TIME OUT 13:38  
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: <b>Howling Dog Farms</b>		OWNER: <b>Joe Belcher</b>		PERSON IN CHARGE: <b>Joe Belcher</b>	
ADDRESS: <b>15431 BCR 400</b>				COUNTY: <b>Bollinger</b>	
CITY/ZIP: <b>Marble Hill 63764</b>		PHONE: <b>573-579-0514</b>		FAX:	
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 checked="" type="checkbox"/> MOBILE VENDORS <input 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 checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. _____				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"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	<input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
<b>Employee Health</b>											
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				IN	OUT	N/O	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/>	OUT	N/O	Proper cooling time and temperatures		
<b>Good Hygienic Practices</b>											
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT	N/A	Proper hot holding temperatures		
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT	N/O	Proper cold holding temperatures		
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT	N/O	Proper date marking and disposition		
IN	OUT	<input checked="" type="checkbox"/>	N/A			IN	OUT	N/O	Time as a public health control (procedures / records)		
<b>Preventing Contamination by Hands</b>											
IN	OUT	<input checked="" type="checkbox"/>	N/A			IN	OUT	<input checked="" type="checkbox"/>	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	Pasteurized foods used, prohibited foods not offered		
<b>Approved Source</b>											
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source				IN	OUT	<input checked="" type="checkbox"/>	Chemical		
IN	OUT	<input checked="" type="checkbox"/>	N/A			<input checked="" type="checkbox"/>	OUT		Food additives: approved and properly used		
<input checked="" type="checkbox"/>	OUT	Food received at proper temperature							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"/>			IN	OUT	<input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
<b>Protection from Contamination</b>											
<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. IN = in compliance                      OUT = not in compliance N/A = not applicable                      N/O = not observed					
<input checked="" type="checkbox"/>	OUT	N/A									
<input checked="" type="checkbox"/>	OUT	N/O									

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
X		Pasteurized eggs used where required				X		In-use utensils: properly stored			
X		Water and ice from approved source				X		Utensils, equipment and linens: properly stored, dried, handled			
<b>Food Temperature Control</b>											
X		Adequate equipment for temperature control				X		Single-use/single-service articles: properly stored, used			
X		Approved thawing methods used				X		Gloves used properly			
X		Thermometers provided and accurate						<b>Utensils, Equipment and Vending</b>			
						X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
<b>Food Identification</b>											
X		Food properly labeled; original container				X		Warewashing facilities: installed, maintained, used; test strips used			
<b>Prevention of Food Contamination</b>											
X		Insects, rodents, and animals not present				X		Nonfood-contact surfaces clean			
X		Contamination prevented during food preparation, storage and display				X		Physical Facilities			
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				X		Hot and cold water available; adequate pressure			
X		Wiping cloths: properly used and stored				X		Plumbing installed; proper backflow devices			
X		Fruits and vegetables washed before use				X		Sewage and wastewater properly disposed			
						X		Toilet facilities: properly constructed, supplied, cleaned			
						X		Garbage/refuse properly disposed; facilities maintained			
						X		Physical facilities installed, maintained, and clean			

Person in Charge / Title: **Joe Belcher**                      Date: **24 Feb 2023**

Inspector: *[Signature]*                      Telephone No. **238-2817**                      EPHS No. **1753**                      Follow-up:  Yes     No

Follow-up Date: \_\_\_\_\_

