



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

TIME IN 09:47 TIME OUT 10:32  
 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: Meadow Heights School		OWNER: District	PERSON IN CHARGE: Tammy Hanners	
ADDRESS: 14571 State Hwy 72			COUNTY: Bollinger	
CITY/ZIP: Patton Mo 63655		PHONE: 573-866-2924	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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 type="checkbox"/> RESTAURANT <input checked="" 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 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>DNR</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
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper cooking, time and temperature			
		Employee Health				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT	Management awareness, policy present				IN	OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures			
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/>	OUT N/O N/A	Proper hot holding temperatures			
		Good Hygienic Practices				<input checked="" type="checkbox"/>	OUT N/A	Proper cold holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT N/O N/A	Proper date marking and disposition			
<input checked="" type="checkbox"/>	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)			
		Preventing Contamination by Hands						Consumer Advisory			
<input checked="" type="checkbox"/>	OUT	N/O	Hands clean and properly washed			IN	OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food			
IN	OUT	<input checked="" type="checkbox"/>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Highly Susceptible Populations			
<input checked="" type="checkbox"/>	OUT		Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT N/O N/A	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"/>	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	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/>	OUT N/A	Compliance with approved Specialized Process and HACCP plan			
		Protection from Contamination									
<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								

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

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"/>		<input checked="" type="checkbox"/>		Pasteurized eggs used where required				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		In-use utensils: properly stored			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Water and ice from approved source				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled			
				Food Temperature Control								Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Adequate equipment for temperature control				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Gloves used properly			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Approved thawing methods used								Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>		<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								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"/>		<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"/>		<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>		<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"/>		<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained			
												Physical facilities installed, maintained, and clean			

Person in Charge / Title: Tammy Hanners *Tammy Hanners* Date: 16 May 2023

Inspector: *[Signature]* Telephone No. 573-866-2924 EPHS No. 1753 Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_



