



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

TIME IN 10:05 TIME OUT 10:42
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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: **Meadow Heights School** OWNER: **District** PERSON IN CHARGE: **E. McDaniel**
ADDRESS: **14571 State Hwy 72** COUNTY: **Bollinger**
CITY/ZIP: **Patton 63655** PHONE: _____ FAX: **573-866-2924** P.H. PRIORITY: H M L

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

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				
Employee Health													
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				<input type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>	N/A			
<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 type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT	N/A					
		Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/>	OUT	N/O	N/A				
<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT	N/O	N/A				
		No discharge from eyes, nose and mouth				<input type="checkbox"/>	IN	OUT	N/O	<input checked="" type="checkbox"/>			
Preventing Contamination by Hands													
<input checked="" type="checkbox"/>	OUT	N/O				<input type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>				
		Hands clean and properly washed						Consumer Advisory					
<input checked="" type="checkbox"/>	OUT	N/O				<input type="checkbox"/>	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					<input type="checkbox"/>	IN	OUT	N/O	<input checked="" type="checkbox"/>			
		Adequate handwashing facilities supplied & accessible						Chemical					
Approved Source													
<input checked="" type="checkbox"/>	OUT					<input checked="" type="checkbox"/>	OUT	N/A					
		Food obtained from approved source				<input checked="" type="checkbox"/>	OUT						
<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT						
		Food received at proper temperature						Conformance with Approved Procedures					
<input checked="" type="checkbox"/>	OUT					<input checked="" type="checkbox"/>	OUT						
		Food in good condition, safe and unadulterated						Compliance with approved Specialized Process and HACCP plan					
<input type="checkbox"/>	IN	<input type="checkbox"/>	OUT	N/O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>				
		Required records available: shellstock tags, parasite destruction						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					
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											
<input checked="" type="checkbox"/>	OUT	N/O											
		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"/>	<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															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Approved thawing methods used				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Gloves used properly			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Thermometers provided and accurate				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Utensils, Equipment and Vending			
Food Identification															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food properly labeled; original container				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
Prevention of Food Contamination															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Insects, rodents, and animals not present				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Nonfood-contact surfaces clean			
<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"/>			Physical Facilities			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Fruits and vegetables washed before use				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Physical facilities installed, maintained, and clean			

Person in Charge /Title: **E. McDaniel** Date: **30 April 2026**
Inspector: *[Signature]* Telephone No. **573-238-2817** EPHS No. **1753** Follow-up: Yes No
Follow-up Date: _____

