



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

TIME IN 10:28 TIME OUT 11:05
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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: The Mudcat		OWNER: Rebecca Moore	PERSON IN CHARGE: Same	
ADDRESS: 4056 St. HWY D			COUNTY: Cape Girardeau	
CITY/ZIP: Oak Ridge 63769		PHONE: 573-382-2642	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"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> TAVERN
				<input type="checkbox"/> INSTITUTION
				<input checked="" type="checkbox"/> MOBILE VENDORS
PURPOSE				
<input checked="" type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other				
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		<input checked="" 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		
Employee Health							
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
IN OUT <input checked="" type="checkbox"/> N/A	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/A	Proper hot holding temperatures		
IN OUT <input checked="" type="checkbox"/> N/A	No discharge from eyes, nose and mouth			IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
IN OUT <input checked="" type="checkbox"/> N/A	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
IN OUT <input checked="" type="checkbox"/> N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O <input checked="" type="checkbox"/> N/A	Consumer Advisory		
Approved Source							
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Pasteurized foods used, prohibited foods not offered		
IN OUT N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/> N/A	Chemical		
Protection from Contamination							
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected				Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized				Toxic substances properly identified, stored and used		
IN OUT <input checked="" type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned, and unsafe food				Conformance with Approved Procedures		
					Compliance with approved Specialized Process and HACCP plan		

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
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		
Food Temperature Control									
X		Adequate equipment for temperature control			X		Single-use/single-service articles: properly stored, used		
X		Approved thawing methods used					Gloves used properly		
X		Thermometers provided and accurate			Utensils, Equipment and Vending				
							Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Food Identification									
	X	Food properly labeled; original container			X		Warewashing facilities: installed, maintained, used; test strips used		
Prevention of Food Contamination									
		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					Plumbing installed; proper backflow devices		
		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: Same			Date: 4 Jan 2024	
Inspector: <i>[Signature]</i>	Telephone No. 573-238-2817	EPHS No. 1753	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			Follow-up Date: _____	

