



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

TIME IN 09:20 TIME OUT 09:51
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: Woodland R-4 Elementary		OWNER: School District		PERSON IN CHARGE: Sandy Lincoln	
ADDRESS: 20762 State HWY 34				COUNTY: Bollinger	
CITY/ZIP: Marble Hill 63764		PHONE: 573-238-2663		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 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	Management awareness; policy present				<input checked="" type="checkbox"/>	OUT N/O N/A	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 N/A	Proper cooling time and temperatures				
Good Hygienic Practices												
IN	OUT	<input checked="" type="checkbox"/>	ND	Proper eating, tasting, drinking or tobacco use		<input checked="" type="checkbox"/>	OUT	N/A	Proper hot holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		No discharge from eyes, nose and mouth		<input checked="" type="checkbox"/>	OUT	N/O N/A	Proper cold holding temperatures			
Preventing Contamination by Hands												
<input checked="" type="checkbox"/>	OUT	N/O		Hands clean and properly washed		IN	OUT	<input checked="" type="checkbox"/>	Proper date marking and disposition			
IN	OUT	<input checked="" type="checkbox"/>	ND	No bare hand contact with ready-to-eat foods or approved alternate method properly followed		IN	OUT	<input checked="" type="checkbox"/>	Time as a public health control (procedures / records)			
<input checked="" type="checkbox"/>	OUT			Adequate handwashing facilities supplied & accessible		IN	OUT	N/O	Consumer Advisory			
Approved Source												
<input checked="" type="checkbox"/>	OUT			Food obtained from approved source		IN	OUT	<input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food			
IN	OUT	<input checked="" type="checkbox"/>	ND	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		IN	OUT	N/O	Pasteurized foods used, prohibited foods not offered			
Chemical												
IN	OUT	<input checked="" type="checkbox"/>	ND	N/A	Required records available: shellstock tags, parasite destruction		<input checked="" type="checkbox"/>	OUT	Food additives: approved and properly used			
<input checked="" type="checkbox"/>	OUT			Food separated and protected		IN	OUT	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used			
IN	OUT	N/O	<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized		IN	OUT	<input checked="" type="checkbox"/>	Conformance with Approved Procedures			
IN	OUT	<input checked="" type="checkbox"/>	ND	Proper disposition of returned, previously served, reconditioned, and unsafe food		IN	OUT	<input checked="" type="checkbox"/>	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
<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"/>		Adequate equipment for temperature control				<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>		Approved thawing methods used				<input checked="" type="checkbox"/>		Gloves used properly			
<input checked="" type="checkbox"/>		Thermometers provided and accurate				<input checked="" type="checkbox"/>		Utensils, Equipment and Vending			
Food Identification											
<input checked="" type="checkbox"/>		Food properly labeled; original container				<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
Prevention of Food Contamination											
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>		Physical Facilities			
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>						<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: Sandy Lincoln		Date: 11 April 2024	
Inspector:	<i>Sandy Lincoln</i>	Telephone No. 573-238-2817	EPHS No. 1753
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date:

