



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

TIME IN 10:02 TIME OUT 10:31
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: Wyatt's Pop-up Burgers | | OWNER: Wyatt Roark | PERSON IN CHARGE: Same |
| ADDRESS: 112 B N First St. | | COUNTY: Bollinger | |
| CITY/ZIP: Marble Hill 63764 | PHONE: 573-238-5552 | FAX: | P.H. PRIORITY : <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input checked="" 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 checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ | |
| 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 | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cooking, time and temperature | | |
| Employee Health | | | | | | | |
| IN OUT | Management awareness; policy present | | | IN OUT N/O <input checked="" type="checkbox"/> | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | IN OUT N/O <input checked="" type="checkbox"/> | Proper cooling time and temperatures | | |
| Good Hygienic Practices | | | | | | | |
| IN OUT <input checked="" type="checkbox"/> | Proper eating, tasting, drinking or tobacco use | | | IN OUT <input checked="" type="checkbox"/> | Proper hot holding temperatures | | |
| IN OUT <input checked="" type="checkbox"/> | No discharge from eyes, nose and mouth | | | IN OUT <input checked="" type="checkbox"/> N/A | Proper cold holding temperatures | | |
| Preventing Contamination by Hands | | | | | | | |
| IN OUT <input checked="" type="checkbox"/> | Hands clean and properly washed | | | IN OUT <input checked="" type="checkbox"/> | Proper date marking and disposition | | |
| IN OUT <input checked="" type="checkbox"/> | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | IN OUT N/O <input checked="" type="checkbox"/> | Time as a public health control (procedures / records) | | |
| <input checked="" type="checkbox"/> OUT | Adequate handwashing facilities supplied & accessible | | | 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"/> 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 <input checked="" type="checkbox"/> | Pasteurized foods used, prohibited foods not offered | | |
| IN OUT N/O <input checked="" type="checkbox"/> | Required records available: shellstock tags, parasite destruction | | | Chemical | | | |
| Protection from Contamination | | | | | | | |
| <input checked="" type="checkbox"/> OUT N/A | Food separated and protected | | | IN OUT <input checked="" type="checkbox"/> | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT N/A | Food-contact surfaces cleaned & sanitized | | | IN OUT <input checked="" type="checkbox"/> | Toxic substances properly identified, stored and used | | |
| IN OUT <input checked="" type="checkbox"/> | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | Conformance with Approved Procedures | | | |
| 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 |
|---|-----|---|-----|---|-------------------------------------|-----|---|-----|---|
| | | Pasteurized eggs used where required | | | <input checked="" type="checkbox"/> | | In-use utensils: properly stored | | |
| <input checked="" type="checkbox"/> | | Water and ice from approved source | | | | | 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 | | |
| | | Approved thawing methods used | | | <input checked="" type="checkbox"/> | | Gloves used properly | | |
| | | Thermometers provided and accurate | | | | | Utensils, Equipment and Vending | | |
| | | | | | <input checked="" type="checkbox"/> | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | | | | | | Warewashing facilities: installed, maintained, used; test strips used | | |
| | | | | | <input checked="" type="checkbox"/> | | Nonfood-contact surfaces clean | | |
| Prevention of Food Contamination | | | | | | | | | |
| <input checked="" type="checkbox"/> | | Insects, rodents, and animals not present | | | | | Physical Facilities | | |
| | | Contamination prevented during food preparation, storage and display | | | | | Hot and cold water available; adequate pressure | | |
| | | | | | | | Plumbing installed; proper backflow devices | | |
| <input checked="" type="checkbox"/> | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | | Sewage and wastewater properly disposed | | |
| | | Wiping cloths: properly used and stored | | | | | Toilet facilities: properly constructed, supplied, cleaned | | |
| | | Fruits and vegetables washed before use | | | | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | | | Physical facilities installed, maintained, and clean | | |

| | | | |
|---|-------------------------------|----------------------|--|
| Person in Charge /Title: Same | Date: 5 Jan 2024 | | |
| Inspector: | Telephone No. 238-2817 | EPHS No. 1753 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | Follow-up Date: |

