



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

TIME IN 10:47 TIME OUT 11:21
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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: **Zalma R-5 School** OWNER: **District** PERSON IN CHARGE: **Morgan Blayney**
ADDRESS: **7310 School St.** COUNTY: **Bollinger County**
CITY/ZIP: **Zalma 63787** PHONE: **573-722-3320** FAX: _____ P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 BAKERY RESTAURANT C. STORE SCHOOL CATERER SENIOR CENTER DELI SUMMER F.P. GROCERY STORE INSTITUTION MOBILE VENDORS
 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	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				<input checked="" type="checkbox"/>	OUT N/O 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			
IN	OUT	<input checked="" type="checkbox"/>	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 N/O	<input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands				IN	OUT	<input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/>	OUT	N/O	Hands clean and properly washed					Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/>	OUT	N/O	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			IN	OUT	<input checked="" type="checkbox"/>	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			IN	OUT	<input checked="" type="checkbox"/>	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"/>		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"/>		Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>		Adequate equipment for temperature control				<input checked="" type="checkbox"/>		Gloves used properly			
<input checked="" type="checkbox"/>		Approved thawing methods used						Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>		Thermometers provided and accurate				<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification				<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>		Food properly labeled: original container				<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean			
		Prevention of Food Contamination						Physical Facilities			
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained			
						<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			

Person in Charge /Title: **Morgan Blayney** Date: **28 April 2026**
Inspector: *[Signature]* Telephone No. **573-238-2817** EPHS No. **1753** Follow-up: Yes No
Follow-up Date: _____

