



BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN: 1045 TIME OUT: 1115
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: <u>Cabool Senior Center</u>		OWNER: <u>Angie Nodquist</u>	PERSON IN CHARGE: <u>Same</u>
ADDRESS: <u>910 Cherry</u>		COUNTY: <u>Texas</u>	
CITY/ZIP: <u>Cabool 65689</u>	PHONE: <u>417/962/3860</u>	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"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS			
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 <input type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input 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 _____

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"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			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 COS = Corrected On Site R = Repeat Item			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> 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 type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <u>J. Johnson</u>	Date: <u>3/30/26</u>
Inspector: <u>[Signature]</u>	Telephone No. <u>417/962/4131</u>
EPHS No. <u>1713</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____



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

TIME IN: 1100 TIME OUT: 1131
 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: <i>Cabod Senior Center</i>	OWNER: <i>Angie Nordquist</i>	PERSON IN CHARGE: <i>Same</i>
ADDRESS: <i>910 Cherry</i>	COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Cabod 65689</i>	PHONE: <i>417/962/3860</i>	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"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
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 <input type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE 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
IN	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
	Employee Health			IN	Proper reheating procedures for hot holding		
IN	Management awareness; policy present			IN	Proper cooling time and temperatures		
IN	Proper use of reporting, restriction and exclusion			IN	Proper hot holding temperatures		
	Good Hygienic Practices			IN	Proper cold holding temperatures		
IN	Proper eating, tasting, drinking or tobacco use			IN	Proper date marking and disposition		
IN	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN	Hands clean and properly washed			IN	Consumer advisory provided for raw or undercooked food		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN	Food obtained from approved source			IN	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used		
IN	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN	Required records available: shellstock tags, parasite destruction			IN	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN	Food separated and protected						
IN	Food-contact surfaces cleaned & sanitized						
IN	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
 COS = Corrected On Site R = Repeat Item

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					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		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: <i>Angie Nordquist</i>	Date: <i>9/4/25</i>
Inspector: <i>[Signature]</i>	Telephone No.: <i>417/967/4121</i>
EPHS No.: <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN 11:00	TIME OUT 11:30
PAGE 2 of 2	

ESTABLISHMENT NAME <i>Cabool Senior Center</i>		ADDRESS <i>910 Cherry</i>		CITY <i>Cabool</i>	ZIP <i>65689</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Corn Syke</i>	<i>Scrap ln.</i>	<i>37</i>	<i>Potato</i>	<i>Walkin</i>	<i>33</i>
<i>Patty Pastr</i>	<i>Hot table</i>	<i>191</i>	<i>Milk</i>		<i>33</i>
<i>Milk</i>	<i>Z bag</i>	<i>38</i>	<i>Cheese</i>		<i>33</i>
<i>Cheese</i>		<i>38</i>	<i>Saled mix</i>		<i>33</i>

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
<i>no violations</i>			

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
<i>no violations</i>			

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: *Angela Nordquist* Date: *9/4/25*
 Inspector: *2 [Signature]* Telephone No. *417/927/4131* EPHS No. *1773*
 Follow-up: Yes No
 Follow-up Date:



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

TIME IN 11:40	TIME OUT 12:05
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: <i>School Senior Center</i>	OWNER: <i>Angie Nordquist</i>	PERSON IN CHARGE: <i>Same</i>
ADDRESS: <i>910 Cherry Cabod 65689</i>		COUNTY: <i>Texas</i>
CITY/ZIP: <i>Cabod 65689</i>	PHONE: <i>477/962/3840</i>	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"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	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 _____

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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	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
 COS = Corrected On Site R = Repeat Item

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					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		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: <i>Rebecca Johnson</i>	Date: <i>1/27/25</i>
Inspector: <i>L.M.</i>	Telephone No. <i>477/967/4131</i>
EPHS No. <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN 1140	TIME OUT 1205
PAGE 2 of 2	

ESTABLISHMENT NAME <i>Cabool Senior Center</i>		ADDRESS <i>910 Cherry</i>		CITY <i>Cabool</i>	ZIP <i>65689</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>to wife</i>		<i>within</i>			
<i>Hamburgers</i>		<i>38</i>			
<i>Chicken</i>		<i>32</i>			
<i>milk</i>		<i>Hot Hold</i>			
<i>Corn</i>		<i>2 kg</i>			
		<i>38</i>			
		<i>35</i>			

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
	<i>no violations</i>		

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
	<i>no violations</i>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: _____ Date: *1/27/25*

Inspector: *[Signature]* Telephone No. *417/761/4131* EPHS No. *1773* Follow-up: Yes No

Follow-up Date: _____



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

TIME IN	TIME OUT
PAGE of	

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: <i>Cabool Senior Center</i>	OWNER: <i>Angie Nordquist</i>	PERSON IN CHARGE: <i>Same</i>
ADDRESS: <i>910 Cherry</i>		COUNTY: <i>Texas</i>
CITY/ZIP: <i>Cabool 65689</i>	PHONE: <i>417/962/3860</i>	FAX:
P.H. PRIORITY: <input type="checkbox"/> H <input 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"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE 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
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	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	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
 COS = Corrected On Site R = Repeat Item

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					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		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: <i>Michelle Johnson</i>	Date: <i>8/13/24</i>
Inspector: <i>9/1 [Signature]</i>	Telephone No.: <i>417/962/4431</i>
EPHS No.: <i>1777</i>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date:



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
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TIME IN _____ TIME OUT _____
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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: <u>Lakool Senior Center</u>		OWNER: <u>Angie Nordquist</u>	PERSON IN CHARGE: <u>Jane</u>
ADDRESS: <u>910 Cherry St</u>			COUNTY: <u>Texas</u>
CITY/ZIP: <u>Lakool 65687</u>	PHONE: <u>417/962/3860</u>	FAX: _____	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input 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"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS			
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 <input type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> _____



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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/O N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	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
 COS = Corrected On Site R = Repeat Item

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			✓		In-use utensils: properly stored		
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			✓		Single-use/single-service articles: properly stored, used		
✓		Adequate equipment for temperature control			✓		Gloves used properly		
✓		Approved thawing methods used					Utensils, Equipment and Vending		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			✓		Warewashing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container			✓		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
✓		Insects, rodents, and animals not present			✓		Hot and cold water available; adequate pressure		
✓		Contamination prevented during food preparation, storage and display			✓		Plumbing installed; proper backflow devices		
✓		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: Angie Nordquist Date: 5/12/23
 Inspector: [Signature] Telephone No.: 417/962/4171 EPHS No.: 1773
 Follow-up: Yes No
 Follow-up Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
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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: <i>CABOUL SENIOR CENTER</i>	OWNER: <i>Angie Nordquist</i>	PERSON IN CHARGE: <i>Sam</i>
ADDRESS: <i>910 Cherry St</i>	COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Caboul MO 65685</i>	PHONE: <i>417/722/3860</i>	FAX:
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input 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"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
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 <input checked="" type="checkbox"/> Not Applicable License No. _____	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 _____

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
IN/OUT	Person in charge present, demonstrates knowledge, and performs duties			IN/OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN/OUT N/O N/A	Proper reheating procedures for hot holding		
IN/OUT	Management awareness; policy present			IN/OUT N/O N/A	Proper cooling time and temperatures		
IN/OUT	Proper use of reporting, restriction and exclusion			IN/OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN/OUT N/A	Proper cold holding temperatures		
IN/OUT N/O	Proper eating, tasting, drinking or tobacco use			IN/OUT N/O N/A	Proper date marking and disposition		
IN/OUT N/O	No discharge from eyes, nose and mouth			IN/OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN/OUT N/O	Hands clean and properly washed			IN/OUT N/A	Consumer advisory provided for raw or undercooked food		
IN/OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN/OUT	Adequate handwashing facilities supplied & accessible			IN/OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN/OUT	Food obtained from approved source			IN/OUT N/A	Food additives: approved and properly used		
IN/OUT N/O N/A	Food received at proper temperature			IN/OUT	Toxic substances properly identified, stored and used		
IN/OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN/OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN/OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination				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 COS = Corrected On Site R = Repeat Item		
IN/OUT N/A	Food separated and protected						
IN/OUT N/A	Food-contact surfaces cleaned & sanitized						
IN/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
✓		Pasteurized eggs used where required			✓		In-use utensils: properly stored		
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			✓		Single-use/single-service articles: properly stored, used		
✓		Adequate equipment for temperature control			✓		Gloves used properly		
✓		Approved thawing methods used					Utensils, Equipment and Vending		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			✓		Warewashing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container			✓		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
✓		Insects, rodents, and animals not present			✓		Hot and cold water available; adequate pressure		
✓		Contamination prevented during food preparation, storage and display			✓		Plumbing installed; proper backflow devices		
✓		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: <i>Angie Nordquist, STL</i>	Date: <i>6/7/22</i>
Inspector: <i>[Signature]</i>	Telephone No.: <i>417/722/4131</i>
EPHS No.: <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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TIME IN	TIME OUT
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ESTABLISHMENT NAME LABOOL SENIOR Center	ADDRESS 910 CHERRY	CITY CAROL	ZIP 65689
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.
Milk Refrig	41°		
Chicken Server	150		
Mashed potato server	135		

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
	no violations		

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
	no violations		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Angela Nordquist, CTC</i>	Date: <i>6/7/22</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>417/967/4121</i> EPHS No. <i>1573</i>
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
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TIME IN	TIME OUT
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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: CAROL SENIOR CENTER	OWNER: Angie Nordquist	PERSON IN CHARGE: JAMG
ADDRESS: 410 CHERRY ST.		COUNTY: TEXAS
CITY/ZIP: CAROL, Mo. 65689	PHONE: 417-962-3860	FAX: -
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input 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"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
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 <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____

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	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	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.
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GOOD RETAIL PRACTICES

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IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
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✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control					Single-use/single-service articles: properly stored, used		
✓		Adequate equipment for temperature control			✓		Gloves used properly		
✓		Approved thawing methods used					Utensils, Equipment and Vending		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container			✓		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
✓		Insects, rodents, and animals not present			✓		Hot and cold water available; adequate pressure		
✓		Contamination prevented during food preparation, storage and display			✓		Plumbing installed; proper backflow devices		
✓		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: Angie Nordquist	Date: 5/20/21
Inspector: Bonnie J. [Signature]	Telephone No.: 417-962-3860
EPHS No.: 920	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____

