



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

|         |      |          |       |
|---------|------|----------|-------|
| TIME IN | 12:5 | TIME OUT | 12:45 |
| 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>Grande Roca Coffee Cat</u>                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OWNER: <u>Emily Burnett</u>                                                                                                                                                                      |  | PERSON IN CHARGE: <u>SSMC</u>                                                                                                                                             |  |
| ADDRESS: <u>315 Hwy 63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                  |  | COUNTY: <u>Texas</u>                                                                                                                                                      |  |
| CITY/ZIP: <u>Licking 65542</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | PHONE: <u>411/260/2825</u>                                                                                                                                                                       |  | FAX:                                                                                                                                                                      |  |
| ESTABLISHMENT TYPE<br><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<br><input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |  | PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |  | P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L                                                                |  |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____                                                                                                                                                                                                                                                                                                                   |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE                                                                                                   |  | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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/A N/A                                                                                                                                                                                                         | Proper cooking, time and temperature                        |     |   |
|                | Employee Health                                                                             |     |   | IN OUT N/A N/A                                                                                                                                                                                                         | Proper reheating procedures for hot holding                 |     |   |
| IN OUT         | Management awareness; policy present                                                        |     |   | IN OUT N/A N/A                                                                                                                                                                                                         | Proper cooling time and temperatures                        |     |   |
| IN OUT         | Proper use of reporting, restriction and exclusion                                          |     |   | IN OUT N/A 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/A N/A                                                                                                                                                                                                         | Proper date marking and disposition                         |     |   |
| IN OUT N/O     | No discharge from eyes, nose and mouth                                                      |     |   | IN OUT N/A 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.<br>IN = in compliance<br>OUT = not in compliance<br>N/A = not applicable<br>COS = Corrected On Site<br>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: <u>Adriana Ventral</u> |                                   |                      | Date: <u>6/23/26</u>                                                           |                       |  |
| Inspector: <u>R-P R</u>                          | Telephone No. <u>411/260/4131</u> | EPHS No. <u>1773</u> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: _____ |  |



E6.37A



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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| TIME IN     | TIME OUT |
| PAGE 1 of 2 |          |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                   |  |                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ESTABLISHMENT NAME: <u>Grady's Coffee Co.</u>                                                                                                                                                                                                                                                                                                                                                                                                                |  | OWNER: <u>Emily Burnett</u>                                                                       |  | PERSON IN CHARGE: <u>Same</u>                                                                                                                                  |  |
| ADDRESS: <u>315 Hwy 63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  | COUNTY: <u>Licking</u>                                                                                                                                         |  |
| CITY/ZIP: <u>Licking 65542</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | PHONE: <u>402/260/2829</u>                                                                        |  | FAX:                                                                                                                                                           |  |
| P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                                                                                                                                                                |  |
| ESTABLISHMENT TYPE<br><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<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |  |                                                                                                   |  |                                                                                                                                                                |  |
| PURPOSE<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____                                                                                                                                                                                                                                                                                                        |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC<br><input type="checkbox"/> PRIVATE |  | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |  |

RISK FACTORS AND INTERVENTIONS

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| 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.<br>IN = in compliance<br>OUT = not in compliance<br>N/A = not applicable<br>COS = Corrected On Site<br>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

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| 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: <u>Alison Vental</u> |  |                               | Date: <u>11/26/25</u>    |                                                                                |  |
| Inspector: <u>[Signature]</u>                 |  | Telephone No. <u>[Number]</u> | EPHS No. <u>[Number]</u> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Follow-up Date: _____                         |  |                               |                          |                                                                                |  |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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FOOD ESTABLISHMENT INSPECTION REPORT

|             |          |
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| TIME IN     | TIME OUT |
| PAGE 2 of 2 |          |

|                                                   |  |                              |                       |      |       |
|---------------------------------------------------|--|------------------------------|-----------------------|------|-------|
| ESTABLISHMENT NAME<br><i>Quincy Park Cafe</i>     |  | ADDRESS<br><i>351 Hwy 63</i> |                       | CITY | ZIP   |
| FOOD PRODUCT/LOCATION<br><i>French Onion Soup</i> |  | TEMP.<br><i>145</i>          | FOOD PRODUCT/LOCATION |      | TEMP. |
|                                                   |  |                              |                       |      |       |
|                                                   |  |                              |                       |      |       |
|                                                   |  |                              |                       |      |       |
|                                                   |  |                              |                       |      |       |

| Code Reference | PRIORITY ITEMS<br>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>                                                                                                                                                                                                                                  |                   |         |
|                |                                                                                                                                                                                                                                                       |                   |         |
|                |                                                                                                                                                                                                                                                       |                   |         |
|                |                                                                                                                                                                                                                                                       |                   |         |
|                |                                                                                                                                                                                                                                                       |                   |         |
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|                |                                                                                                                                                                                                                                                       |                   |         |
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|                |                                                                                                                                                                                                                                                       |                   |         |
|                |                                                                                                                                                                                                                                                       |                   |         |

| Code Reference | CORE ITEMS<br>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>                                                                                                                                                                                                                                                           |                   |         |
|                |                                                                                                                                                                                                                                                                                |                   |         |
|                |                                                                                                                                                                                                                                                                                |                   |         |
|                |                                                                                                                                                                                                                                                                                |                   |         |
|                |                                                                                                                                                                                                                                                                                |                   |         |
|                |                                                                                                                                                                                                                                                                                |                   |         |
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|                |                                                                                                                                                                                                                                                                                |                   |         |

|                                |  |  |  |
|--------------------------------|--|--|--|
| EDUCATION PROVIDED OR COMMENTS |  |  |  |
|                                |  |  |  |

|                                               |                                   |                       |                                                                                |
|-----------------------------------------------|-----------------------------------|-----------------------|--------------------------------------------------------------------------------|
| Person in Charge /Title: <i>Alicia Vestal</i> |                                   | Date: <i>11/20/21</i> |                                                                                |
| Inspector: <i>[Signature]</i>                 | Telephone No. <i>417/917/1131</i> | EPHS No. <i>11713</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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| TIME IN | TIME OUT |
| 10:15   | 10:45    |
| PAGE    | 1 of 2   |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                                                                                   |                                                                                                            |                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ESTABLISHMENT NAME: <u>Corady Raci College 2</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | OWNER: <u>Emily Burnett</u>                                                                       | PERSON IN CHARGE: <u>Scare</u>                                                                             |                                                                                                                                                                           |
| ADDRESS: <u>315 Hwy 63</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | COUNTY: <u>Texas</u>                                                                              |                                                                                                            |                                                                                                                                                                           |
| CITY/ZIP: <u>Licking 65842</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE: <u>417/269/2829</u> | FAX:                                                                                              | P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |                                                                                                                                                                           |
| ESTABLISHMENT TYPE<br><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<br><input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |                            |                                                                                                   |                                                                                                            |                                                                                                                                                                           |
| PURPOSE<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____                                                                                                                                                                                                                                                                                                                   |                            | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC<br><input type="checkbox"/> PRIVATE |                                                                                                            | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |

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| 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                                                           |     |   | IN OUT N/A                                                                                                                                                                                                             | Consumer Advisory                                           |     |   |
| IN OUT N/O     | Hands clean and properly washed                                                             |     |   |                                                                                                                                                                                                                        | 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                                                                             |     |   | IN OUT N/A                                                                                                                                                                                                             | Chemical                                                    |     |   |
| IN OUT         | Food obtained from approved source                                                          |     |   | IN OUT                                                                                                                                                                                                                 | 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                                              |     |   | IN OUT N/A                                                                                                                                                                                                             | Conformance with Approved Procedures                        |     |   |
| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction                           |     |   |                                                                                                                                                                                                                        | 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.<br>IN = in compliance<br>OUT = not in compliance<br>N/A = not applicable<br>COS = Corrected On Site<br>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: <u>Alissa Vestal</u> |                                  | Date: <u>11/18/21</u> |                                                                                                        |
| Inspector: <u>[Signature]</u>                 | Telephone No. <u>417/914/131</u> | EPHS No. <u>1213</u>  | Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: <u>10/25/21</u> |



EDUCATION PROVIDED OR COMMENTS

E6.37A



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: <u>Cooley Roe's Colletto</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  | OWNER: <u>Emily Bennett</u>                                                                       |  | PERSON IN CHARGE: <u>Scmr</u>                                                                                                                                             |  |
| ADDRESS: <u>375 Hwy 63 Licking</u>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                   |  | COUNTY: <u>Texas</u>                                                                                                                                                      |  |
| CITY/ZIP: <u>Licking 65482</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | PHONE: <u>417/260/280</u>                                                                         |  | FAX:                                                                                                                                                                      |  |
| P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                   |  |                                                                                                                                                                           |  |
| ESTABLISHMENT TYPE<br><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<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |  |                                                                                                   |  |                                                                                                                                                                           |  |
| PURPOSE<br><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<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____                                                                                                                                                                                                                                                                                                        |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC<br><input type="checkbox"/> PRIVATE |  | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 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                             |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 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)      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                              | 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 |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                                                                                                                                                   | 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        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                                                           | 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 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                              | Protection from Contamination                                                               |     |   | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>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                       |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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                                                        |     |   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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"/> |                                                                                     |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

|                                             |                                   |                      |                                                                                |                       |  |
|---------------------------------------------|-----------------------------------|----------------------|--------------------------------------------------------------------------------|-----------------------|--|
| Person in Charge /Title: <u>Emily Brett</u> |                                   |                      | Date: <u>5/29/25</u>                                                           |                       |  |
| Inspector: <u>Ken P...</u>                  | Telephone No. <u>417/967/4131</u> | EPHS No. <u>1773</u> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: _____ |  |