



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

| | |
|-----------------|-------------------|
| TIME IN 1200 | TIME OUT 12:00 |
| PAGE 1 of 2 | |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

| | | |
|--|---|--|
| ESTABLISHMENT NAME: <i>Licking Corn Express</i> | OWNER: <i>Brad Recs</i> | PERSON IN CHARGE: <i>Lee Lewis</i> |
| ADDRESS: <i>211 S Hwy 63</i> | | COUNTY: <i>Tazs</i> |
| CITY/ZIP: <i>Licking 65742</i> | PHONE: <i>573/674/4485</i> | FAX: <i></i> |
| CITY/ZIP: <i>Licking 65742</i> | | P.H. PRIORITY : <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> 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 <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input type="checkbox"/> A COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

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

Date: *3/10/25*

Inspector: *Brad Recs*

Telephone No. *417*

EPHS No. *1773*

Follow-up: Yes No
Follow-up Date: *3/10/25*



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

| | |
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| TIME IN 11280 | TIME OUT 1230 |
| PAGE 2 of 2 | |

| | | | | | |
|--|--|-------------------------------------|--|----------------------|---------|
| ESTABLISHMENT NAME <i>Licking Comer Exper</i> | ADDRESS <i>211 5 Hwy 63</i> | CITY <i>Licking</i> | ZIP <i>65442</i> | | |
| FOOD PRODUCT/LOCATION <i>Soyice Open Ca -</i> | TEMP. <i>37</i> | FOOD PRODUCT/ LOCATION <i>OJ</i> | TEMP. <i>37</i> | | |
| <i>Milk</i> | <i>36</i> | <i>Refdose</i> | <i>Hot Dog R. N</i> | | |
| <i>Cheese</i> | <i>36</i> | | <i>14</i> | | |
| <i>Sh</i> | <i>35</i> | | | | |
| <i>34</i> | | | | | |
| Code Reference | PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | | | Correct by (date) | Initial |
| | <i>no violation</i> | | | | |
| | <i>o</i> | | | <i>o</i> | |
| | <i>o</i> | | | <i>o</i> | |
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| | <i>o</i> | | | <i>o</i> | |
| | <i>o</i> | | | <i>o</i> | |
| Code Reference | CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. | | | Correct by (date) | Initial |
| | <i>no violation</i> | | | | |
| | <i>o</i> | | | <i>o</i> | |
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| | <i>o</i> | | | <i>o</i> | |
| EDUCATION PROVIDED OR COMMENTS | | | | | |
| <i>Questa Ruh</i> | | | | Date: <i>3/10/23</i> | |
| Person in Charge /Title: <i>Questa Ruh</i> | | | | Date: <i>3/10/23</i> | |
| Inspector: <i>Questa Ruh</i> | Telephone No.: <i>573-413</i> | EPHS No.: <i>173</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | Follow-up Date: | | |



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| 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 CESSION OF YOUR FOOD OPERATIONS.

| | | |
|--|---|--|
| ESTABLISHMENT NAME: <i>Licking Fast & Come Easy</i> | OWNER: <i>Brad Ross</i> | PERSON IN CHARGE: <i>Tom Lewis</i> |
| ADDRESS: <i>211 S Hwy 63</i> | COUNTY: <i>Texas</i> | |
| CITY/ZIP: <i>Licking 65442</i> | PHONE: <i>573/674/4485</i> | FAX: <i></i> |
| P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L | | |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

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

| GOOD RETAIL PRACTICES | | | | | | | | | |
|---|-----|---|-----|---|----|-----|---|-----|---|
| Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. | | | | | | | | | |
| IN | OUT | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
| | | Pasteurized eggs used where required | | | | | In-use utensils: properly stored | | |
| | | Water and ice from approved source | | | | | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | Food Temperature Control | | | | | Single-use/single-service articles: properly stored, used | | |
| | | Adequate equipment for temperature control | | | | | Gloves used properly | | |
| | | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| | | Thermometers provided and accurate | | | | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | | | Warewashing facilities: installed, maintained, used; test strips used | | |
| | | Food properly labeled; original container | | | | | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| | | Insects, rodents, and animals not present | | | | | Hot and cold water available; adequate pressure | | |
| | | Contamination prevented during food preparation, storage and display | | | | | Plumbing installed; proper backflow devices | | |
| | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | | Sewage and wastewater properly disposed | | |
| | | Wiping cloths: properly used and stored | | | | | Toilet facilities: properly constructed, supplied, cleaned | | |
| | | Fruits and vegetables washed before use | | | | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | | | Physical facilities installed, maintained, and clean | | |

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|--|---------------------------------------|--------------------------|--|
| Person in Charge /Title: <i>Joanne Hearty</i> | Date: <i>4/2/24</i> | | |
| Inspector: <i>K. Miller</i> | Telephone No.: <i>417/967/4131</i> | EPHS No.: <i>1773</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | | Follow-up Date: |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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| 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 CESSION OF YOUR FOOD OPERATIONS.

| | | |
|--|--|---|
| ESTABLISHMENT NAME: <i>Licking Corner Express</i> | OWNER: <i>Brad Rees</i> | PERSON IN CHARGE: <i>Leu Lewis</i> |
| ADDRESS: <i>211 S Hwy 63</i> | COUNTY: <i>Texas</i> | |
| CITY/ZIP: <i>Licking Mo 65442</i> | PHONE: <i>573/674/4485</i> | FAX: |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

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| 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 | | |
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| | Approved Source | | | | Chemical | | |
| IN OUT | Food obtained from approved source | | | IN OUT N/A | Food additives: approved and properly used | | |
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| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction | | | IN OUT N/A | Compliance with approved Specialized Process and HACCP plan | | |
| | Protection from Contamination | | | | The letter to the left of each item indicates that item's status at the time of the inspection. | | |
| IN OUT N/A | Food separated and protected | | | | IN = in compliance | | |
| IN OUT N/A | Food-contact surfaces cleaned & sanitized | | | | N/A = not applicable | | |
| IN OUT N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | COS = Corrected On Site | | |
| | | | | | OUT = not in compliance | | |
| | | | | | N/O = not observed | | |
| | | | | | R = Repeat Item | | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|----|-----|---|-----|---|----|-----|---|-----|---|
| | | Pasteurized eggs used where required | | | | | In-use utensils: properly stored | | |
| ✓ | | Water and ice from approved source | | | ✓ | | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | Food Temperature Control | | | ✓ | | Single-use/single-service articles: properly stored, used | | |
| ✓ | | Adequate equipment for temperature control | | | ✓ | | Gloves used properly | | |
| ✓ | | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| | | Thermometers provided and accurate | | | ✓ | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | ✓ | | Warewashing facilities: installed, maintained, used; test strips used | | |
| ✓ | | Food properly labeled; original container | | | ✓ | | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| ✓ | | Insects, rodents, and animals not present | | | ✓ | | Hot and cold water available; adequate pressure | | |
| ✓ | | Contamination prevented during food preparation, storage and display | | | ✓ | | Plumbing installed; proper backflow devices | | |
| ✓ | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | ✓ | | Sewage and wastewater properly disposed | | |
| ✓ | | Wiping cloths: properly used and stored | | | ✓ | | Toilet facilities: properly constructed, supplied, cleaned | | |
| ✓ | | Fruits and vegetables washed before use | | | ✓ | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | ✓ | | Physical facilities installed, maintained, and clean | | |

| | | | |
|---|-----------------------------------|----------------------|---|
| Person in Charge /Title: <i>Leu Lewis</i> | Date: <i>3/12/24</i> | | |
| Inspector: <i>Leu Lewis</i> | Telephone No. <i>417/671/4131</i> | EPHS No. <i>1071</i> | Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Follow-up Date: <i>4/1/24</i> |



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

| | |
|------------------|-------------------|
| TIME IN 11:50 | TIME OUT 12:15 |
| PAGE 2 of 2 | |

| | | | |
|---|--|--|--------------|
| ESTABLISHMENT NAME <i>Licking Corner Express</i> | ADDRESS 211 S Hwy 60 | CITY <i>Licking</i> | ZIP 65442 |
| FOOD PRODUCT/LOCATION <i>Hot dog</i> | TEMP. 125 | FOOD PRODUCT/ LOCATION <i>Scamich</i> | TEMP. 41 |
| <i>Wht milk</i> | <i>38</i> | | |
| <i>Choc</i> | <i>37</i> | | |
| <i>Juic</i> | <i>39</i> | | |
| <i>Yahos</i> | <i>37</i> | | |
| Code Reference 3-301 | PRIORITY ITEMS <i>Hot dog Roller c: 125 adjust to 125 or more</i> | | |
| | Correct by (date) COS | | |
| Code Reference 3-302 | CORE ITEMS <i>Hot dog Roller Cabinet not covered Risk for cross contamination</i> | | |
| | Correct by (date) Initial <i>Get a cover for the roller or a cabinet - concrete - any thing</i> | | |
| EDUCATION PROVIDED OR COMMENTS | | | |

| | |
|--------------------------------------|--|
| Person in Charge /Title: <i>S</i> | Date: 3/12/24 |
| Inspector: <i>R. M.</i> | Telephone No. 417-961-413 |
| | EPHS No. 173 |
| | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Follow-up Date: 4/11/24 |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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FOOD ESTABLISHMENT INSPECTION REPORT

| | | | |
|---------|------|----------|------|
| TIME IN | 1:15 | TIME OUT | 1:45 |
| 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 CESSION OF YOUR FOOD OPERATIONS.

| | | |
|--|---|--|
| ESTABLISHMENT NAME: <i>Locking Lanes Express</i> | OWNER: <i>Brad Rees</i> | PERSON IN CHARGE: <i>Tom Lewis</i> |
| ADDRESS: <i>2115 Hwy 63</i> | | COUNTY: <i>Texas</i> |
| CITY/ZIP: <i>Lickey 65042</i> | PHONE: <i>573/674/4485</i> | FAX: <i></i> |
| P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L | | |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

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

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Safe Food and Water | COS | R | IN | OUT | Proper Use of Utensils | COS | R |
|----|-----|---|-----|---|----|-----|---|-----|---|
| | | Pasteurized eggs used where required | | | | | In-use utensils: properly stored | | |
| ✓ | | Water and ice from approved source | | | | | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | Food Temperature Control | | | | | Single-use/single-service articles: properly stored, used | | |
| ✓ | | Adequate equipment for temperature control | | | | | Gloves used properly | | |
| ✓ | | Approved thawing methods used | | | | | Utensils, Equipment and Vending | | |
| ✓ | | Thermometers provided and accurate | | | | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | | | Warewashing facilities: installed, maintained, used; test strips used | | |
| ✓ | | Food properly labeled; original container | | | | | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | | | Physical Facilities | | |
| ✓ | | Insects, rodents, and animals not present | | | | | Hot and cold water available; adequate pressure | | |
| ✓ | | Contamination prevented during food preparation, storage and display | | | | | Plumbing installed; proper backflow devices | | |
| ✓ | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | | Sewage and wastewater properly disposed | | |
| | | Wiping cloths: properly used and stored | | | | | Toilet facilities: properly constructed, supplied, cleaned | | |
| | | Fruits and vegetables washed before use | | | | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | | | Physical facilities installed, maintained, and clean | | |

Person in Charge /Title: *BRAD REES*

Date: *6/14/23*

| | | | |
|--------|-------------------------------------|-------------------------|---|
| 11-14) | Telephone No. <i>417/917/401</i> | EPHS No. <i>1773</i> | Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | Follow-up Date: _____ |



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

| | |
|---------------|----------|
| TIME IN | TIME OUT |
| PAGE 21 of 22 | |

| ESTABLISHMENT NAME <i>Licking Corner Express</i> | | ADDRESS <i>2115 Hwy 63</i> | | CITY <i>Licking</i> | | ZIP <i>65542</i> | |
|---|--|-----------------------------------|------------------------|--|----------------------|---------------------|---------|
| FOOD PRODUCT/LOCATION | | TEMP. | FOOD PRODUCT/ LOCATION | | TEMP. | | |
| Milk | Walters | 33 | Hot Dog | Roller | 138 | | |
| Choc Milk | | 32.5 | Creamer | Dispenser | 41 | | |
| Sandwich I | | 34 | | | | | |
| Sandwich II | | 37 | | | | | |
| Pizza Hot Case | | 145 | | | | | |
| Code Reference | PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | | | | | Correct by (date) | Initial |
| <i>no violations</i> | | | | | | | |
| Code Reference | CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. | | | | | Correct by (date) | Initial |
| <i>no violations</i> | | | | | | | |
| EDUCATION PROVIDED OR COMMENTS | | | | | | | |
| Person in Charge /Title: <i>Walters</i> | | | | | Date: <i>6/14/21</i> | | |
| Inspector: <i>Walters</i> | | Telephone No. <i>417-967-1431</i> | EPHS No. <i>1111</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| | | | | Follow-up Date: | | | |

Person in Charge /Title:

Date:

Inspector:

Telephone No.

EPHS No.

Follow-up: Yes No
Follow-up Date: