



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

TIME IN 1045	TIME OUT 1130
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 Elementary</i>		OWNER: <i>Brian Berry</i>	PERSON IN CHARGE: <i>Dick Norris</i>	
ADDRESS: <i>125 College</i>		COUNTY: <i>Texas</i>		
CITY/ZIP: <i>Licking 65542</i>	PHONE: <i>573/674/4891</i>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input checked="" 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 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 _____

RISK FACTORS AND INTERVENTIONS

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

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

GOOD RETAIL PRACTICES

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

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

Person in Charge /Title: <i>K. Berle...</i>			Date: <i>10/21/25</i>	
Inspector: <i>[Signature]</i>	Telephone No. <i>417/967/1131</i>	EPHS No. <i>1773</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <i>10/30/25</i>	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
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TIME IN	TIME OUT
PAGE 1 of 1	

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 Elementary</i>	OWNER: <i>Brian Berry</i>	PERSON IN CHARGE: <i>Diana Norris</i>
ADDRESS: <i>125 College</i>	COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Licking 65542</i>	PHONE: <i>572/674/484</i>	FAX:
P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L		
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input checked="" 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 checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

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

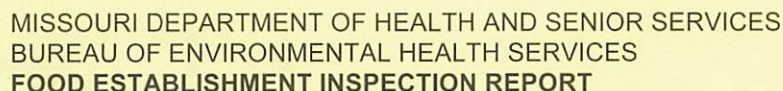
Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
Employee Health				IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
Good Hygienic Practices				IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands				IN OUT N/A	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				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			Conformance with Approved Procedures			
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
Protection from Contamination				The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item			
IN OUT N/A	Food separated and protected						
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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: <i>Debt Approval</i>	Date: <i>11/4/25</i>		
Inspector: <i>[Signature]</i>	Telephone No. <i>411/907/4131</i>	EPHS No. <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date:



TIME IN 1045	TIME OUT 1130
PAGE 2 of 2	

[illegible]

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>[Signature]</i>			Date: <i>10/21/25</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>412/967/4131</i>	EPHS No. <i>107-1773</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MO 580-1814 (11-14)	DISTRIBUTION: WHITE – OWNER'S COPY	CANARY – FILE COPY	Follow-up Date: <i>11/30/25</i>



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TIME IN 1130	TIME OUT 1200
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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Licking Elementary		OWNER: Brian Berry		PERSON IN CHARGE: Teresa Bethers	
ADDRESS: 125 College				COUNTY: Texas	
CITY/ZIP: Licking 65542		PHONE: 573/674/4891		FAX:	
P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L					
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input checked="" 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 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 type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	

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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		
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IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item			
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		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge /Title: [Signature]			Date: 3/13/25		
Inspector: [Signature]		Telephone No. 417/967/1431	EPHS No. 1773	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date:



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
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TIME IN	TIME
PAGE	of

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED AT 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>Licking Elementary</u>	OWNER: <u>Brian Berry principal</u>	PERSON IN CHARGE: <u>Jeanette Butner</u>
ADDRESS: <u>125 College St</u>	COUNTY: <u>Texas</u>	
CITY/ZIP: <u>Licking 65552</u>	PHONE: <u>573/674/4891</u>	FAX:
P.H. PRIORITY: <input checked="" type="checkbox"/> H <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 checked="" 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 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 _____

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	Approved Source				Chemical
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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 Procedures and HACCP plan
	Protection from Contamination				The letter to the left of each item indicates that item's status at the time of inspection. IN = in compliance N/A = not applicable COS = Corrected On Site OUT = not in compliance N/O = not observed R = Repeat Item
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		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
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		Food properly labeled; original container					Nonfood-contact surfaces clean
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		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>Jeanette Butner Food Service Supervisor</u>	Date: <u>2/9/20</u>
Inspector: <u>R. [Signature]</u>	Telephone No. <u>417/961/4131</u>
EPHS No. <u>1773</u>	Follow-up: <input type="checkbox"/> Yes
	Follow-up Date:

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

TIME IN	TIME
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ESTABLISHMENT NAME	ADDRESS	CITY	ZIP
Lickins Elementary	125 College St	Bridging	68
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOCATION	
Chili 1 Hot	135	Chop Dairy	3
Chili 2 Hot	141	Whit	4
Apple slice 3 bag	38	Juice Northwell	3
Codswart	39	Cheese	3
Phone stool	37	Ranch	7

Code Reference	PRIORITY ITEMS	Corre (da
	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.	

[illegible]

Code Reference	<p align="center">CORE ITEMS</p> <p>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.</p>	Corre (da
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4-609	16	In proper order of Sanitization - Wash - Rinse - Sanitizer we do not mix Bleach + soap water.	
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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Deannette Luthers Food Service Supervisor</i>		Date: <i>2/9/24</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>417/96714131</i>	EPHS No. <i>1773</i>
Follow-up: <input type="checkbox"/> Yes		Follow-up Date:



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
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TIME IN _____ TIME _____
PAGE _____ of _____

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED AT 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 Elementary</i>	OWNER: <i>Brian Burg, Elan Principal</i>	PERSON IN CHARGE: <i>Janette By</i>
ADDRESS: <i>125 College St</i>	COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Licking 65552</i>	PHONE: <i>573/674/4891</i>	FAX: _____
P.H. PRIORITY: <input type="checkbox"/> H <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 checked="" 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 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 _____ Res _____
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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
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper reheating procedures for hot holding
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooling time and temperatures
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper hot holding temperatures
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cold holding temperatures
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper date marking and disposition
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures and records)
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer Advisory
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <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
	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 & 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 Procedures and HACCP plan
	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of inspection. IN = in compliance OUT = not in compliance N/A = not applicable 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled
		Food Temperature Control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
		Food Identification			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean
<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"/>	Physical facilities installed, maintained, and clean

Person in Charge /Title: <i>Janette Butcher Food Service Supervisor</i>	Date: <i>9/15/23</i>		
Inspector: <i>R. P. H.</i>	Telephone No. <i>417/761/4131</i>	EPHS No. <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Date: _____			



PAGE of

ESTABLISHMENT NAME	ADDRESS	CITY	ZIP
Liching Elementary	125 College St		
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOCATION	
French Brg Cheese	38	Choc milk	OS 3 bry
B B Q Sauce	38	Juice	—
Hamburger	741	Fruit cocktail	—
Beans	139		
Milk	33		

Code Reference	PRIORITY ITEMS	Corrected (date)
	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.	

no Priority Violation

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.	Corrected (date)
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4-501. 114 Insufficient Sanitization in Dish machine
- Switches go down not up

60

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Janet H. Butters Food Service Super.</i>			Date: <i>9/15/23</i>
Inspector: <i>[Signature]</i>	Telephone No. <i>417/941/431</i>	EPHS No. <i>1713</i>	Follow-up: <input type="checkbox"/> Yes Follow-up Date:



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

TIME IN _____ TIME OUT _____
PAGE _____ of _____

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED AT 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>Licking Elementary</u>		OWNER: <u>Christine Wright Supt</u>		PERSON IN CHARGE: <u>Sandy Haggard</u>	
ADDRESS: <u>125 College St</u>				COUNTY: <u>Texas</u>	
CITY/ZIP: <u>Licking 65542</u>		PHONE: <u>573/674/4891</u>		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					
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____	

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
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
					Highly Susceptible Populations
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Pasteurized foods used, prohibited foods not offered
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	
	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 Procedures 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 inspection. IN = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item
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
		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>Leaette Bulterus</u>			Date: <u>2/24/23</u>		
Inspector: <u>[Signature]</u>		Telephone No. <u>417/967/4121</u>		EPHS No. <u>17713</u>	
				Follow-up: <input type="checkbox"/> Yes	
				Follow-up Date: _____	



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

TIME IN TIME

PAGE 2 of 2

ESTABLISHMENT NAME <i>Licking Elementary</i>		ADDRESS <i>125 College St</i>		CITY <i>Licking</i>	ZIP <i>6</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		
<i>Corn Hot Line</i>		<i>151</i>	<i>Choc milk 3 bag lunch box</i>		
<i>Chicken nuggets</i>		<i>155</i>	<i>Wht milk</i>		
<i>Butter 3 bag lunch box</i>		<i>40</i>	<i>Choc milk</i>		
<i>Sauce</i>		<i>40</i>	<i>Sugar</i>		
<i>Sauce</i>		<i>39</i>	<i>Wht milk</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.	Corrected (date)
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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.	Corrected (date)
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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.	Corrected (date)
<i>3-304.10</i>	<i>wiping cloth, not stored in sanit 20- - make up 1st thing change out is needed</i>	<i>10</i>

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>X Jeanette Butnerus</i>		Date: <i>2/24/23</i>	
Inspector: <i>X [Signature]</i>	Telephone No. <i>402/961/4021</i>	EPHS No. <i>1713</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 10:30 TIME OUT

PAGE 1 of 2

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED AT 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>Licking Elementary</u>		OWNER: <u>Christine Wright Supt</u>	PERSON IN CHARGE: <u>Sandy Madala</u>	
ADDRESS: <u>125 College St</u>		COUNTY: <u>Texas</u>		
CITY/ZIP: <u>Licking 65542</u>	PHONE: <u>573/674/4877</u>	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> LOW	
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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other				
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Result _____

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
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 Procedures and HACCP plan
	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of inspection. IN = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item	
IN OUT N/A	Food separated and protected				
IN OUT N/A	Food-contact surfaces cleaned & sanitized				
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				

GOOD RETAIL PRACTICES

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

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils
		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: Sandy Madala

Date: 10/20/22

Inspector: [Signature]

Telephone No. 417/967/4131

EPHS No. 1773

Follow-up: ☐ Yes ☒ No
Follow-up Date: _____



TIME

2

ESTABLISHMENT NAME		ADDRESS	CITY	ZIP
Licking Elementary		125 College St	Licking	66
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/ LOCATION	
Pizza Pouch	Oven	201	Slappy Juc Sauce OS 3 big	
—	Wm. n.	135	Choc milk 3rd 3 big	
Choc milk	Serve	37	Wht milk	
Wht milk	—	38		
Ranch	3 big little	35		

[illegible][illegible]

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Jandey T/ addx</i>			Date: <i>10/24/22</i>
Inspector: <i>2 p/m</i>	Telephone No. <i>417/967/4121</i>	EPHS No. <i>1773</i>	Follow-up: <input type="checkbox"/> Yes Follow-up Date:



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

TIME IN	TIME OUT
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>Wick Elementary School</i>	OWNER: <i>Christine Wright Supt.</i>	PERSON IN CHARGE: <i>Sandy Maddox</i>
ADDRESS: <i>25 College ST</i>	CITY/ZIP: <i>Wick, Mo. 65542</i>	COUNTY: <i>TEXAS</i>
PHONE: <i>673-674-4891</i>	FAX: <i>---</i>	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/>
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 checked="" 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 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 _____

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

The letter to the left of each item indicates that item's status at the time of the inspection.
IN = in compliance
N/A = not applicable
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
		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>Sandy Maddox</i>	Date: <i>1/27/22</i>		
Inspector: <i>Sandy Maddox</i>	Telephone No. <i>417-961-4131</i>	EPHS No. <i>920</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			



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[illegible][illegible][illegible]

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Date: 1/27/22
Inspector: <i>Fannie I. [Signature]</i>	Telephone No. 417-967-4131	EPHS No. 920
		Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:



ESTABLISHMENT NAME		ADDRESS		CITY	ZIP
Licking Elementary		125 College		Licking	65542
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Choc	Dair	40	Pizza Stat	On	148
Whit		41	Skia	3bcy #2	37
mil	Front 3bcy	38			
Thin		39			
Oran		37			

[illegible][illegible]

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:				Date: 3/13/25	
Inspector: R. P. L.		Telephone No. 413/99/4121	EPHS No. 1773	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date:



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

ESTABLISHMENT NAME: <u>Licking Elementary</u>		OWNER: <u>Brian Berry Principal</u>	PERSON IN CHARGE: <u>Jeanette Butters</u>	
ADDRESS: <u>125 College</u>			COUNTY: <u>Texas</u>	
CITY/ZIP: <u>Licking 65542</u>	PHONE: <u>573/674/4891</u>	FAX: <u></u>	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input checked="" 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 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. <u></u>		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		
		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled <u></u> Results <u></u>		

RISK FACTORS AND INTERVENTIONS

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

GOOD RETAIL PRACTICES

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

Person in Charge /Title: <u>Jeanette Butters</u>			Date: <u>9/24/24</u>	
Inspector: <u>Re P/H</u>	Telephone No. <u>417/967/4171</u>	EPHS No. <u>1773</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: <u></u>



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ESTABLISHMENT NAME <i>Licking Elementary</i>		ADDRESS <i>125 College</i>		CITY <i>Licking</i>	ZIP <i>65542</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Choc Dairy</i>		<i>35</i>	<i>Sals</i>		<i>38</i>
<i>White</i>		<i>34</i>	<i>Swice</i>		<i>38</i>
<i>Pasta Hot</i>		<i>141</i>			
<i>Grape 36g 1</i>		<i>39</i>			
<i>Choc 36g 2</i>		<i>37</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)
	<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)
	<i>no violations</i>				
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: <i>Jeanette Bulthorn</i>					Date: <i>9/24/24</i>
Inspector: <i>H. R. Bulthorn</i>	Telephone No. <i>417/967/431</i>	EPHS No. <i>1773</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Follow-up Date:		