



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

| | |
|-----------------|------------------|
| TIME IN 1030 | TIME OUT 1102 |
| 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 Senior Center</i> | OWNER: <i>Cindy Wapner</i> | PERSON IN CHARGE: <i>Sue</i> |
| ADDRESS: <i>114 Green</i> | | COUNTY: <i>Tex.</i> |
| CITY/ZIP: <i>Licking 65542</i> | PHONE: <i>513/674/3558</i> | FAX: |
| P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L | | |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | | SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |
| WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ | | |

RISK FACTORS AND INTERVENTIONS

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

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

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|---|--------------------------------------|--------------------------|---|
| Person in Charge / Title: <i>Edward Williams</i> | | Date: <i>10/24/25</i> | |
| Inspector: <i>7/1/12</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
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

| | |
|-----------------|------------------|
| TIME IN 1030 | TIME OUT 1100 |
| PAGE 2 of 2 | |

| | | | | | | |
|---|--|----------------------------|-----------------------|--|-------------------|---------|
| ESTABLISHMENT NAME Licking Senior Center | | ADDRESS 114 Locum | | CITY Licking | ZIP 65542 | |
| FOOD PRODUCT/LOCATION | | TEMP. | FOOD PRODUCT/LOCATION | | TEMP. | |
| Butter 5 bags | | 35 | Fried Potatoes | | 141 | |
| Ranch | | 35 | | | | |
| Milk | | 37 | | | | |
| Choc milk 2 bags | | 39 | | | | |
| Ranch | | 38 | | | | |
| Code Reference | PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | | | | Correct by (date) | Initial |
| | no violations | | | | | |
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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. | | | | Correct by (date) | Initial |
| | no violations | | | | | |
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| EDUCATION PROVIDED OR COMMENTS | | | | | | |
| | | | | | | |
| Person in Charge /Title: <i>Edward Williams</i> | | | | Date: 10/24/25 | | |
| Inspector: <i>21 PMA</i> | | Telephone No. 417/967/4131 | | 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
FOOD ESTABLISHMENT INSPECTION REPORT

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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 CESSATION OF YOUR FOOD OPERATIONS.

| | | | |
|---|--------|---|---|
| ESTABLISHMENT NAME: <u>Licking Senior Center</u> | | OWNER: <u>Cindy Wampner</u> | PERSON IN CHARGE: <u>Same</u> |
| ADDRESS: <u>114 Green</u> | | COUNTY: <u>Texas</u> | |
| CITY/ZIP: <u>Licking 65542</u> | PHONE: | FAX: | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | | SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

RISK FACTORS AND INTERVENTIONS

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

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

The letter to the left of each item indicates that item's status at the time of the inspection.
IN = in compliance OUT = not in compliance
N/A = not applicable N/O = not observed
COS = Corrected On Site R = Repeat Item

GOOD RETAIL PRACTICES

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

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

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|---|----------------------------------|-----------------------|--|
| Person in Charge /Title: <u>Cynthia Wampner</u> | | Date: <u>4/25/24</u> | |
| Inspector: <u>PH</u> | Telephone No. <u>417/967/417</u> | EPHS No. <u>1773</u> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Follow-up Date: _____ | |



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

| ESTABLISHMENT NAME | | ADDRESS | | CITY | | ZIP | |
|------------------------------|---------------|----------|-----------------------|------------|-------|-------|--|
| Licking County Senior Center | | 114 Glen | | Licking | | 65142 | |
| FOOD PRODUCT/LOCATION | | TEMP. | FOOD PRODUCT/LOCATION | | TEMP. | | |
| Milk | Kitchen 2 bay | 37 | Butter | Back 2 bay | 37 | | |
| 1 Sauce | | 37 | Syrup | | 37 | | |
| Butter | | 37 | Milk | Refer | 38 | | |
| Chicken | hot Prep | 142 | Cheese | | 38 | | |
| Potato | - | 142 | | | | | |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
| | 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 | CORE ITEMS | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| | 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. | | |

[illegible]

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| | EDUCATION PROVIDED OR COMMENTS |
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|---|-----------------------------------|----------------------|---|
| Person in Charge /Title: <i>Cynthia Wagoner</i> | | | Date: <i>4/25/24</i> |
| Inspector: <i>9-1111</i> | Telephone No. <i>513 236 7431</i> | EPHS No. <i>1773</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: |



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

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|------------------|-------------------|
| TIME IN 10:45 | TIME OUT 11:30 |
| 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 Senior Center</i> | | OWNER: <i>Linda W. Campbell</i> | PERSON IN CHARGE: <i>Same</i> | |
| ADDRESS: <i>114 Green</i> | | | COUNTY: <i>Texas</i> | |
| CITY/ZIP: <i>Licking 65542</i> | PHONE: <i>573/674/3558</i> | FAX: | P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L | |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | | SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | | |
| | | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ | | |

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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 | | |
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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 | | | | | | |
| IN OUT N/A | Food separated and protected | | | | | | |
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|----|-----|---|-----|---|----|-----|---|-----|---|
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| | | 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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|--|--------------------------------------|-------------------------|-------------------------|
| Charge / Title: <i>Cynthia W. Campbell</i> | Telephone No. <i>417/917/4131</i> | EPHS No. <i>1773</i> | Date: <i>12/3/24</i> |
| Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Follow-up Date: | |

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

| | |
|-----------------|------------------|
| TIME IN 1045 | TIME OUT 1130 |
| PAGE 2 of 2 | |

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

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

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| | | |
|---|---|---|
| ESTABLISHMENT NAME: <i>Lickins Senior Center</i> | OWNER: <i>Lindy Wampner</i> | PERSON IN CHARGE: <i>Same</i> |
| ADDRESS: <i>114 Green</i> | | COUNTY: <i>Texas</i> |
| CITY/ZIP: <i>Lickins 65542</i> | PHONE: <i>577/671/3558</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 checked="" 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 _____ |

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 COS = Corrected On Site R = Repeat Item | | | | | |
| IN | OUT N/A | Food separated and protected | | | | | | | | | |
| IN | OUT N/A | Food-contact surfaces cleaned & sanitized | | | | | | | | | |
| IN | OUT N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | | | | |

GOOD RETAIL PRACTICES

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

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

| | | | |
|--|--------------------------------------|-------------------------|--|
| Person in Charge /Title: <i>X Cynthia Wampner</i> | Date: <i>8/10/23</i> | | |
| Inspector: <i>X JH</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
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

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

| ESTABLISHMENT NAME | | ADDRESS | CITY | ZIP |
|-----------------------|-----------|-----------|-----------------------|-------|
| Licking Senior Center | | 114 GREEN | Licking | 65542 |
| FOOD PRODUCT/LOCATION | | TEMP. | FOOD PRODUCT/LOCATION | TEMP. |
| Miller | Back Cook | 33 | Egg | 38 |
| Soylent | | > 8 | | |
| Choc milk | 365 | 38 | | |
| Reef | | 38 | | |
| BBQ Saus | | 38 | | |

[illegible][illegible]

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

| | | | |
|---|-----------------------------------|----------------------|---|
| Person in Charge /Title: <i>X Cynthia Wampner</i> | | Date: <i>8/10/23</i> | |
| Inspector: <i>X [Signature]</i> | Telephone No. <i>417/967/4131</i> | EPHS No. <i>1715</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: |



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

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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 CESSATION OF YOUR FOOD OPERATIONS.

| | | | |
|---|----------------------------|---|--|
| ESTABLISHMENT NAME: <u>Licking Senior Center</u> | | OWNER: <u>Cindy Wampner</u> | PERSON IN CHARGE: <u>Samar</u> |
| ADDRESS: <u>114 Green</u> | | COUNTY: <u>Texas</u> | |
| CITY/ZIP: <u>Licking 65542</u> | PHONE: <u>573/624/3558</u> | FAX: | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input 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.

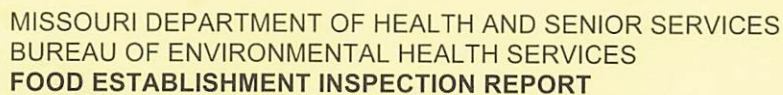
| Compliance | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R |
|---|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | | | <input checked=""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

GOOD RETAIL PRACTICES

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

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

| | | | |
|---|-----------------------------------|-----------------------|--|
| Person in Charge /Title: <u>Edward Williams</u> | | Date: <u>12/5/22</u> | |
| Inspector: <u>[Signature]</u> | Telephone No. <u>417/967/4131</u> | EPHS No. <u>1775</u> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | Follow-up Date: _____ | |



TIME OUT

PAGE 2 of 2

Person in Charge /Title:

Date: 12/5/22

Inspector:

Telephone No.

EPHS No.

Follow-up: ☐ Yes ☒ No

Follow-up Date:



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

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|-------------|----------|
| 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: <u>Licking Senior Center</u> | | OWNER: <u>Cindy Wampner</u> | PERSON IN CHARGE: <u>Same</u> |
| ADDRESS: <u>114 Green</u> | | COUNTY: <u>Texas</u> | |
| CITY/ZIP: <u>Licking 65542</u> | PHONE: <u>573/674/3558</u> | FAX: | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | | SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

RISK FACTORS AND INTERVENTIONS

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

| Compliance | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R |
|----------------|---|-----|---|--|---|-----|---|
| 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>Cynthia Wampner</u> | | Date: <u>11/14/22</u> | |
| Inspector: <u>2072</u> | Telephone No. <u>477/967/4131</u> | EPHS No. <u>1773</u> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Follow-up Date: <u>11/28/22</u> | |



| | |
|------------------|-------------------|
| TIME IN 12:00 | TIME OUT 12:45 |
| PAGE 2 of 2 | |

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

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|-------------|----------|
| 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>Licking Senior Center</i> | OWNER: <i>Cindy Womper</i> | PERSON IN CHARGE: |
| ADDRESS: <i>114 Green</i> | COUNTY: <i>Texas</i> | |
| CITY/ZIP: <i>Licking 65542</i> | PHONE: <i>573/674/3558</i> | FAX: |
| P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L | | |
| ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS | | |
| PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____ | SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ |

RISK FACTORS AND INTERVENTIONS

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

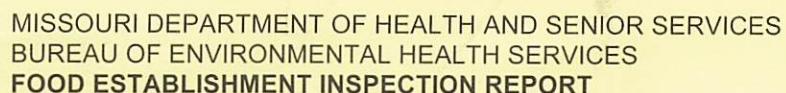
| Compliance | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R |
|----------------|---|-----|---|--|---|-----|---|
| IN OUT | Person in charge present, demonstrates knowledge, and performs duties | | | IN OUT N/O N/A | Proper cooking, time and temperature | |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

GOOD RETAIL PRACTICES

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

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

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| Person in Charge /Title: <i>Cynthia Womper President</i> | Date: <i>5/27/22</i> |
| Inspector: <i>234</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: | |



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

| | | | | | | | |
|---|--|-------------------------|------------------------|-----------------|-------|--------------|--|
| ESTABLISHMENT NAME Licking Senior Center | | ADDRESS 114 Green St | | CITY Licking | | ZIP 65542 | |
| FOOD PRODUCT/LOCATION | | TEMP. | FOOD PRODUCT/ LOCATION | | TEMP. | | |
| Choc Milk 3 Day | | 36 | | | | | |
| Whdy Milk | | 38 | | | | | |
| Chick. Salad | | 38 | | | | | |
| Milk 2 Day | | 36 | | | | | |

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| | EDUCATION PROVIDED OR COMMENTS |
| | |
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|--|----------------------------------|----------------------|--|
| Person in Charge /Title: <i>Cynthia Thompson President</i> | | | Date: <i>5/23/22</i> |
| Inspector: <i>WJH</i> | Telephone No. <i>411/767/431</i> | EPHS No. <i>1773</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: <i>X</i> |



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

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| 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>Licking Senior Center</i> | OWNER: <i>Cindy Wampler</i> | PERSON IN CHARGE: <i>SAMS</i> |
| ADDRESS: <i>114 GREEN ST</i> | | COUNTY: <i>TEXAS</i> |
| CITY/ZIP: <i>Licking Mo 65542</i> | PHONE: <i>513-674-3558</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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other | | |
| FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____ | | SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |
| WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____ | | |

RISK FACTORS AND INTERVENTIONS

| | | | | | | | | | |
|--|---|-----|---|---|--|-----|---|--|--|
| Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury. | | | | | | | | | |
| Compliance | Demonstration of Knowledge | COS | R | Compliance | Potentially Hazardous Foods | COS | R | | |
| 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 | Management awareness; policy present | | | IN OUT N/O N/A | Proper reheating procedures for hot holding | | | | |
| IN OUT | Proper use of reporting, restriction and exclusion | | | IN OUT N/O N/A | Proper cooling time and temperatures | | | | |
| Good Hygienic Practices | | | | | | | | | |
| IN OUT N/O | Proper eating, tasting, drinking or tobacco use | | | IN OUT N/A | Proper hot holding temperatures | | | | |
| IN OUT N/O | No discharge from eyes, nose and mouth | | | IN OUT N/O N/A | Proper cold holding temperatures | | | | |
| Preventing Contamination by Hands | | | | | | | | | |
| IN OUT N/O | Hands clean and properly washed | | | IN OUT N/A | Proper date marking and disposition | | | | |
| IN OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | Time as a public health control (procedures / records) | | | | | |
| IN OUT | Adequate handwashing facilities supplied & accessible | | | Consumer Advisory | | | | | |
| Approved Source | | | | | | | | | |
| IN OUT | Food obtained from approved source | | | IN OUT N/A | Consumer advisory provided for raw or undercooked food | | | | |
| IN OUT N/O N/A | Food received at proper temperature | | | IN OUT N/O N/A | Highly Susceptible Populations | | | | |
| IN OUT | Food in good condition, safe and unadulterated | | | IN OUT | Pasteurized foods used, prohibited foods not offered | | | | |
| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction | | | IN OUT | Chemical | | | | |
| Protection from Contamination | | | | | | | | | |
| IN OUT N/A | Food separated and protected | | | IN OUT N/A | Food additives: approved and properly used | | | | |
| IN OUT N/A | Food-contact surfaces cleaned & sanitized | | | IN OUT | Toxic substances properly identified, stored and used | | | | |
| IN OUT N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | IN OUT N/A | Conformance with Approved Procedures | | | | |
| | | | | Compliance with approved Specialized Process and HACCP plan | | | | | |
| 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 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 | | | | | | | | | |
| ✓ | | Adequate equipment for temperature control | | | ✓ | | Single-use/single-service articles: properly stored, used | | |
| ✓ | | Approved thawing methods used | | | ✓ | | Gloves used properly | | |
| ✓ | | Thermometers provided and accurate | | | ✓ | | Utensils, Equipment and Vending | | |
| Food Identification | | | | | | | | | |
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| ✓ | | Wiping cloths: properly used and stored | | | ✓ | | Hot and cold water available; adequate pressure | | |
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| | | | | Toilet facilities: properly constructed, supplied, cleaned | | | | | |
| | | | | Garbage/refuse properly disposed; facilities maintained | | | | | |
| | | | | Physical facilities installed, maintained, and clean | | | | | |

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|---|-----------------------------------|---------------------|--|-----------------------|--|
| Person in Charge /Title: <i>Cynthia Wampler</i> | | | Date: <i>8/2/21</i> | | |
| Inspector: <i>Garry M. Smith</i> | Telephone No. <i>417-967-4131</i> | EPHS No. <i>920</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Follow-up Date: _____ | |



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| TIME IN | TIME OUT |
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PAGE 2 of 2

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