



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

|                |                 |
|----------------|-----------------|
| TIME IN<br>115 | TIME OUT<br>145 |
| PAGE 1 of 2    |                 |

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

|  |   |  |
|--|---|--|
| ESTABLISHMENT NAME:<br><i>McDonald's</i>   | OWNER:<br><i>Andy Hillburn LLC</i>  | PERSON IN CHARGE:<br><i>Stephanie Fawell</i>   |
| ADDRESS:<br><i>1432 S Sam Houston</i>  | COUNTY:<br><i>Texas</i>   |  |
| CITY/ZIP:<br><i>Houston 77043</i>  | PHONE:<br><i>417/967/4000</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<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |   |  |
| PURPOSE  |   |  |
| <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |   |  |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |

#### RISK FACTORS AND INTERVENTIONS

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

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

#### GOOD RETAIL PRACTICES

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

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

Person in Charge /Title: *Xavier Wilson manager*

Date: *8/11/25*

|                            |                                   |                     |  |
|----------------------------|-----------------------------------|---------------------|--|
| Inspector: <i>R. F. 21</i> | Telephone No. <i>417/967/4131</i> | EPHS No. <i>173</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<br>115 | TIME OUT<br>145 |
| PAGE 2 of 2    |                 |

|   |  |   |   |
|---|--|---|---|
| ESTABLISHMENT NAME<br><i>McDonalds</i>                    | ADDRESS<br><i>1432 55AM HORN</i>   | CITY<br><i>Hawthorne</i>                        | ZIP<br><i>65483</i>   |
| FOOD PRODUCT/LOCATION<br><i>Chicken McFlurry HT 115</i>   | TEMP.<br><i>175</i>  | FOOD PRODUCT/ LOCATION<br><i>Soft Serve Piz</i> | TEMP.<br><i>33</i>  |
| <i>Chub Piz</i>   | <i>170</i>   | <i>Strawberry Smoothie</i>                      | <i>33</i>   |
| <i>10-1</i>   | <i>156</i>   | <i>Juice</i>                                    | <i>-</i>  |
| <i>Pancake</i>  | <i>39</i>  | <i>Soft Serv Melt</i>                           | <i>34</i>   |
| <i>Burrito</i>  | <i>-</i>   |   |   |
| Code Reference  | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.                          |   |   |
|   | <i>no violations</i>   |   |   |
| Code Reference  | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. |   |   |
|   | <i>no violations</i>   |   |   |
| EDUCATION PROVIDED OR COMMENTS                            |  |   |   |
| Person in Charge /Title:<br><i>Sherie L. Doan manager</i> | Date: <i>8/11/25</i>   |   |   |
| Inspector: <i>LPM</i>                                     | Telephone No.<br><i>417-961-4131</i>   | EPHS No.<br><i>1773</i>                         | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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|                  |                   |
|------------------|-------------------|
| TIME IN<br>11:00 | TIME OUT<br>11:30 |
| PAGE 1 of 2      |                   |

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|   |   |  |
|---|---|--|
| ESTABLISHMENT NAME:<br>Mc Donald's  | OWNER:<br>Andi Hibbs LLC  | PERSON IN CHARGE:<br>Stephanie Fawell  |
| ADDRESS:<br>1432 S Sam Houston  |   | COUNTY:<br>Texas   |
| CITY/ZIP:<br>Houston 65483  | PHONE:<br>417/967/4000  | FAX:<br>P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |   |  |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Other   |   |  |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____   | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |

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

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| IN | OUT | Safe Food and Water   | COS | R | IN | OUT | Proper Use of Utensils  | COS | R |
|----|-----|---|-----|---|----|-----|---|-----|---|
| ✓  |     | 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: *Stephanie Fawell* Date: *10/31/24*  
or: *2 P.M.* Telephone No. *417/967/0131* EPHS No. *1773* Follow-up:  Yes  No  
Follow-up Date: *10/31/24*



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

|                  |                   |
|------------------|-------------------|
| TIME IN<br>11:00 | TIME OUT<br>11:30 |
| PAGE 2 of 2      |                   |

|  |  |  |  |                                  |
|--|--|--|--|----------------------------------|
| ESTABLISHMENT NAME<br><i>McDonalds</i>   |  | ADDRESS<br><i>1432 S Sam Houston</i>               | CITY<br><i>Houston</i>   | ZIP<br><i>65487</i>              |
| FOOD PRODUCT/LOCATION<br><i>Chicken<br/>Chick-fil-a<br/>Ham<br/>McNuggets<br/>Soft S. M.</i> |  | TEMP.<br><i>151<br/>159<br/>165<br/>155<br/>38</i> | FOOD PRODUCT/LOCATION<br><i>Coffee Cream (Frozen), Calf...<br/>Leftover<br/>Waffles<br/>French Fries</i> | TEMP.<br><i>37<br/>32<br/>32</i> |
| Code Reference   | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.                   |  |  | Correct by (date) Initial        |
| <i>NO Violations</i>   |  |  |  |                                  |
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| <i>NO Violations</i>   |  |  |  |                                  |

**EDUCATION PROVIDED OR COMMENTS**

|  |                                     |                      |  |
|--|-------------------------------------|----------------------|--|
| Person in Charge /Title: <u>Stephanie funnel</u> | Date: <u>10/31/24</u>               |                      |  |
| Inspector: <u>2 PM</u>                           | Telephone No. <u>(417) 933-1131</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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|-------------|----------|
| TIME IN     | TIME OUT |
| PAGE 1 of 2 |          |

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|  |  |   |
|--|--|---|
| ESTABLISHMENT NAME:<br><i>McDonald's</i>   | OWNER:<br><i>Ant Hillman LLC</i>   | PERSON IN CHARGE:<br><i>Stephanie Fawell</i>  |
| ADDRESS: <i>1432 S Sam Houston</i>   | COUNTY: <i>Texas</i>   |   |
| CITY/ZIP: <i>Houston 65487</i>   | PHONE: <i>417/967/4000</i>   | FAX:  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |  | P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |  |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |

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

Person in Charge /Title:

Date: *3/11/24*

Inspector: *Stephanie Fawell*

Telephone No. *417/967/4131*

EPHS No. *1773*

Follow-up:  Yes  No  
Follow-up Date:



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

|                           |          |
|---------------------------|----------|
| TIME IN                   | TIME OUT |
| PAGE <u>7</u> of <u>7</u> |          |

|   |  |  |                     |
|---|--|--|---------------------|
| ESTABLISHMENT NAME<br><i>McDonald's</i> | ADDRESS<br><i>1432 S Sam Houston</i>   | CITY<br><i>Houston</i>                       | ZIP<br><i>65483</i> |
| FOOD PRODUCT/LOCATION<br><i>B. ftw</i>  | TEMP.<br><i>38</i>   | FOOD PRODUCT/LOCATION<br><i>1/4 gal milk</i> | TEMP.<br><i>38</i>  |
| <i>EG</i>                               | <i>38</i>  | <i>wh milk</i>                               | <i>38</i>           |
| <i>Chick- Min, Wm. Tracy</i>            | <i>165</i>   | <i>SS mix</i>                                | <i>32</i>           |
| <i>10/1</i>                             | <i>155</i>   | <i>1/2 Mayo by</i>                           | <i>33</i>           |
| <i>Mc. Chicks</i>                       | <i>178</i>   | <i>1/2</i>                                   | <i>32</i>           |
| Code Reference                          | <b>PRIORITY ITEMS</b><br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>                          |  |                     |
|   | <i>no violations</i>   |  |                     |
| Code Reference                          | <b>CORE ITEMS</b><br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> |  |                     |
|   | <i>no violations</i>   |  |                     |

**EDUCATION PROVIDED OR COMMENTS**

Person in Charge /Title:

Date: 3/11/24

---

**Inspector:**

Telephone No.

1 FPHS No

Follow-up:  Yes  No



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

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

|   |   |  |   |
|---|---|--|---|
| ESTABLISHMENT NAME:<br><i>McDonald's</i>  | OWNER:  | PERSON IN CHARGE:  |   |
| ADDRESS:<br><i>1432 S Sam Houston</i>   | CITY/ZIP:<br><i>Houston 65483</i>   |  | COUNTY:<br><i>Texas</i>   |
| PHONE:<br><i>417/967/4000</i>   | FAX:  | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |   |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |   |  |   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other  |   |  |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____   | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY   | <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |

#### RISK FACTORS AND INTERVENTIONS

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

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

#### GOOD RETAIL PRACTICES

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

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

Person in Charge /Title: *John Haggard Dept Manager*

Date: *5/13/23*

|                                |                                   |                      |  |
|--------------------------------|-----------------------------------|----------------------|--|
| Inspector: <i>John Haggard</i> | Telephone No. <i>417/367/1121</i> | EPHS No. <i>1775</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 | TIME OUT |
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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSION OF YOUR FOOD OPERATIONS.

|   |   |  |
|---|---|--|
| ESTABLISHMENT NAME:<br><i>McDonald's</i>  | OWNER:<br><i>Bill Kramer</i>  | PERSON IN CHARGE:  |
| ADDRESS:<br><i>1432 S San Houston</i>   | COUNTY:<br><i>Texes</i>   |  |
| CITY/ZIP:<br><i>Houston 65483</i>   | PHONE:<br><i>417/967/4000</i>   | FAX:   |
| P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L   |   |  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |   |  |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other  |   |  |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____   | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |

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

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

|   |  |
|---|--|
| Person in Charge /Title:<br><i>John Stapp Dist. Manager</i> | Date:<br><i>6/6/23</i>   |
| Inspector:<br><i>X822</i>                                   | Telephone No.:<br><i>417/967/4311</i>  |
| EPHS No.<br><i>1773</i>                                     | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | Follow-up Date:<br><i>6/13/23</i>  |



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

|                           |          |
|---------------------------|----------|
| TIME IN                   | TIME OUT |
| PAGE <u>2</u> of <u>2</u> |          |

| ESTABLISHMENT NAME     | ADDRESS   | CITY                  | ZIP   |
|------------------------|---|-----------------------|-------|
| FOOD PRODUCT/LOCATION  | TEMP.   | FOOD PRODUCT/LOCATION | TEMP. |
| McDonald's Houston     | 1432 S San Houston  | Houston               | 75487 |
| B.C.H. - Back Corridor | (48.5)  | Pepperoni Sauce       | 77    |
| 10-1 P.C.H. Prep       | 151   | Chicken               | 77    |
| 4-4 - Prep             | 161   | Cheese                | 77    |
| Chick P.H.             | 165   | Cream                 | 41    |
| Mc Russell             | 171   | Luncheon              | 39    |
| Code Reference         | PRIORITY ITEMS  |                       |       |
| 3-501, 16 (A)(2)       | <ul style="list-style-type: none"> <li>- PHF not held below 40°F</li> <li>⇒ Back/Chese etc in top of brot</li> <li>Refrigerate 48.5°F</li> <li>⇒ Adjust Controls</li> </ul>   |                       |       |
| Code Reference         | CORE ITEMS  |                       |       |
| 4-601, 11C             | <ul style="list-style-type: none"> <li>Def. Non Food Contact surfaces</li> <li>⇒ Beef P.H. on Bottom of cooler</li> <li>⇒ Brading or Bottom of chicken/fish cooler</li> <li>⇒ Top Chgft lid has build up of dust from<br/>bed soil</li> </ul> |                       |       |
| 4-301, 1d              | <ul style="list-style-type: none"> <li>Def. Dish machine. Count built up heders backin</li> <li>⇒ Plate Clean</li> </ul>  |                       |       |

**EDUCATION PROVIDED OR COMMENTS**

Soft Scrub 40

|  |                                   |  |
|--|-----------------------------------|--|
| Person in Charge /Title: <i>Mr. S. J. Rogers Dist. Manager</i> |                                   | Date: <i>6/6/23</i>  |
| Inspector: <i>S. J. Rogers</i>                                 | Telephone No. <i>417-597-4721</i> | EPHS No. <i>1773</i>   |
|  |                                   | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                                   | Follow-up Date: <i>6/13/23</i>   |



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 CESSION OF YOUR FOOD OPERATIONS.

|  |   |   |
|--|---|---|
| ESTABLISHMENT NAME:<br><i>McDonalds</i>  | OWNER:<br><i>Bill Kramer</i>  | PERSON IN CHARGE:<br><i>Terri Wilson</i>  |
| ADDRESS:<br><i>1432 S San Houston</i>  |   | COUNTY:<br><i>Texar</i>   |
| CITY/ZIP:<br><i>Houston 65483</i>  | PHONE:<br><i>417/967/4000</i>   | FAX:<br>P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L                       |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |   |   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other  |   |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY<br>Date Sampled _____ Results _____ |

#### RISK FACTORS AND INTERVENTIONS

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

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

#### GOOD RETAIL PRACTICES

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

| IN | OUT | Safe Food and Water   | COS | R | IN | OUT | Proper Use of Utensils  | COS | R |
|----|-----|---|-----|---|----|-----|---|-----|---|
|    |     | Pasteurized eggs used where required  |     |   |    |     | In-use utensils: properly stored  |     |   |
| V  |     | 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   |     |   |
| V  |     | 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                 |     |   |
| V  |     | Food properly labeled; original container   |     |   |    |     | Nonfood-contact surfaces clean  |     |   |
|    |     | Prevention of Food Contamination  |     |   |    |     | Physical Facilities   |     |   |
| V  |     | Insects, rodents, and animals not present   |     |   |    |     | Hot and cold water available; adequate pressure                                       |     |   |
| V  |     | Contamination prevented during food preparation, storage and display                |     |   |    |     | Plumbing installed; proper backflow devices   |     |   |
| V  |     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   |    |     | Sewage and wastewater properly disposed   |     |   |
| V  |     | Wiping cloths: properly used and stored   |     |   |    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| V  |     | Fruits and vegetables washed before use   |     |   |    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|    |     |   |     |   |    |     | Physical facilities installed, maintained, and clean                                  |     |   |

Person in Charge / Title:

Date:

*10/24/22*

Inspector:

Telephone No.

*10/24/22*

EPHS No.

*1223*

Follow-up:  Yes  No  
Follow-up Date:



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

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

|   |                                      |                          |  |
|---|--------------------------------------|--------------------------|--|
| ESTABLISHMENT NAME<br><i>Mc Donald's</i>  | ADDRESS<br><i>1432 S Sam Houston</i> | CITY<br><i>Houston</i>   | ZIP<br><i>65483</i>  |
| FOOD PRODUCT/LOCATION<br><i>D.H. Multi. mc power 4-1</i>  | TEMP.<br><i>38 40 52</i>             | FOOD PRODUCT/LOCATION    | TEMP.  |
| <b>Code Reference</b><br><b>PRIORITY ITEMS</b><br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>                          |                                      | <b>Correct by (date)</b> | <b>Initial</b>   |
| <i>no violation</i>   |                                      |                          |  |
| <b>Code Reference</b><br><b>CORE ITEMS</b><br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> |                                      | <b>Correct by (date)</b> | <b>Initial</b>   |
| <i>no violation</i>   |                                      |                          |  |
| <b>EDUCATION PROVIDED OR COMMENTS</b>   |                                      |                          |  |
| Person in Charge /Title:<br><i>Leanne Wilson RDM</i>  |                                      | Date:<br><i>10/24/23</i> |  |
| Inspector:<br><i>JKM</i>  | Telephone No.<br><i>417/967-4131</i> | EPHS No.<br><i>727</i>   | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date:<br><i>10/24/23</i> |
| DISTRIBUTION: WHITE OWNER'S COPY CANARY FILE COPY   |                                      |                          |  |

Person in Charge /Title:

### Inspector:

Telephone No.

Telephone No. 417/967/4131 EPHS No. 17

Date:

19/24/23

Follow-up:  Yes  No  
Follow-up Date:



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

|         |          |
|---------|----------|
| TIME IN | TIME OUT |
| PAGE 1  | of 2     |

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

|  |   |  |
|--|---|--|
| ESTABLISHMENT NAME:<br><i>McDonalds</i>  | OWNER:<br><i>Bill Kramer</i>  | PERSON IN CHARGE:<br><i>Terri Wilson</i>   |
| ADDRESS:<br><i>1432 S Sam Houston</i>  | COUNTY: <i>Texas</i>  |  |
| CITY/ZIP: <i>Houston 65482</i>   | PHONE: <i>417/767/4000</i>  | FAX:   |
| P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L   |   |  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |   |  |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |   |  |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |

#### RISK FACTORS AND INTERVENTIONS

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

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

#### GOOD RETAIL PRACTICES

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

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

Person in Charge /Title: *Terri Wilson*

Date: *10/12/22*

Inspector: *Terri Wilson*

Telephone No. *417/767/4000*

EPHS No. *1713*

Follow-up:  Yes *10/24/22*  No  
Follow-up Date: *10/24/22*



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

| TIME IN | TIME OUT |
|---------|----------|
| 2       | 2        |

|  |   |  |                           |
|--|---|--|---------------------------|
| ESTABLISHMENT NAME<br><b>McDonald's</b>                | ADDRESS<br><b>1432 S Sam Houston</b>  | CITY<br><b>Houston</b>                   | ZIP<br><b>65483</b>       |
| FOOD PRODUCT/LOCATION<br><b>Butter Walk in Counter</b> | TEMP.<br><b>50</b>  | FOOD PRODUCT/ LOCATION<br><b>Sausage</b> | TEMP.<br><b>155</b>       |
| <b>Food Prep Mix</b>                                   | <b>48</b>   | <b>Chicken</b>                           | <b>160</b>                |
| <b>Bur. Fries Rice R. F. S.</b>                        | <b>40</b>   | <b>Chicken</b>                           | <b>166</b>                |
|  |   | <b>Fall Egg</b>                          | <b>150</b>                |
|  |   | <b>S Egg</b>                             | <b>155</b>                |
| Code Reference   | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. |  | Correct by (date) Initial |
| 3-501, 16(A)(2)  | <i>Walk in Counter at 50°F should be 41° or lower<br/>adjust temp. Los temperature</i>  |  |                           |
| A-601, 11A   | <i>Dirty Food Contact surface<br/>10-1 Puffy on bottom of cooler, If not in<br/>box toss it.</i>  |  | COS                       |
| 6-501, 12A   | <i>Dirty floor from infrequent cleaning<br/>Lots of cleaning debris</i>   |  |                           |
| 4-501, 14  | <i>Dirty wash machine<br/>Clean top sides of dish machine</i>   |  |                           |
| A-601, 11C   | <i>Dirty new found, dirty surfaces<br/>Bottom of chicken patty storage etc. Crumbs</i>  |  |                           |
| 4-301, 11  | <i>Walk in is at 50°F should be 41° or lower</i>  |  |                           |
| EDUCATION PROVIDED OR COMMENTS                         |   |  |                           |

|   |                                     |
|---|-------------------------------------|
| Person in Charge /Title:<br><b>Kevin Wilson</b> | Date:<br><b>10/21/22</b>            |
| Inspector:<br><b>KPK</b>                        | Telephone No.<br><b>411/367/431</b> |



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

|                 |                  |
|-----------------|------------------|
| TIME IN<br>2:30 | TIME OUT<br>3:00 |
| PAGE 1 of 2     |                  |

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

|  |                               |   |
|--|-------------------------------|---|
| ESTABLISHMENT NAME:<br><i>Mc Donalds</i>   | OWNER:<br><i>Bill Kramer</i>  | PERSON IN CHARGE:<br><i>Joyce F. Depler</i> |
| ADDRESS:<br><i>1432 S Sam Houston</i>  |                               | COUNTY:<br><i>Texas</i>                     |
| CITY/ZIP:<br><i>Houston 77048</i>  | PHONE:<br><i>417/967/4000</i> | FAX:<br><i></i>                             |
| P.H. PRIORITY : <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |                               |   |

|                    |                                     |                                   |  |                                     |  |   |
|--------------------|-------------------------------------|-----------------------------------|--|-------------------------------------|--|---|
| ESTABLISHMENT TYPE | <input type="checkbox"/> BAKERY     | <input type="checkbox"/> C. STORE | <input type="checkbox"/> CATERER       | <input type="checkbox"/> DELI       | <input type="checkbox"/> GROCERY STORE | <input type="checkbox"/> INSTITUTION    |
|                    | <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> SCHOOL   | <input type="checkbox"/> SENIOR CENTER | <input type="checkbox"/> TEMP. FOOD | <input type="checkbox"/> TAVERN        | <input type="checkbox"/> MOBILE VENDORS |

|         |                                      |                                  |                                    |                                    |                                |
|---------|--------------------------------------|----------------------------------|------------------------------------|------------------------------------|--------------------------------|
| PURPOSE | <input type="checkbox"/> Pre-opening | <input type="checkbox"/> Routine | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Complaint | <input type="checkbox"/> Other |
|---------|--------------------------------------|----------------------------------|------------------------------------|------------------------------------|--------------------------------|

|   |  |   |
|---|--|---|
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. <i>21517175</i> | SEWAGE DISPOSAL<br><input type="checkbox"/> PUBLIC<br><input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input type="checkbox"/> COMMUNITY<br><input type="checkbox"/> NON-COMMUNITY<br>Date Sampled _____<br>Results _____ |
|---|--|---|

#### RISK FACTORS AND INTERVENTIONS

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

#### GOOD RETAIL PRACTICES

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

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

|  |                                   |                      |   |
|--|-----------------------------------|----------------------|---|
| Person in Charge /Title:<br><i>Joyce F. Depler</i> | Date: <i>3/3/22</i>               |                      |   |
| Inspector: <i>22722</i>                            | Telephone No. <i>417/967/4000</i> | EPHS No. <i>1723</i> | Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  |                                   |                      | Follow-up Date: <i>7/3/22</i>                                       |



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

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|  |   |                                       |                        |   |
|--|---|---------------------------------------|------------------------|---|
| ESTABLISHMENT NAME<br><i>McDonald's</i>          |   | ADDRESS<br><i>1432 S 55th Houston</i> | CITY<br><i>Houston</i> | ZIP<br><i>65483</i>   |
| FOOD PRODUCT/LOCATION                            |   | TEMP.                                 | FOOD PRODUCT/LOCATION  | TEMP.   |
| Frozen 4-1 Fries                                 |   | 25°                                   | Batter                 | 38°   |
| Chicken wings & hot & cold                       |   | 145°                                  | Bacon                  | 38°   |
| Chicken P.F. Shakes Mix Shakes mix               |   | 158°                                  |                        |   |
|  |   | 290                                   |                        |   |
| Code Reference                                   | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.                          |                                       |                        | Correct by (date)   |
|  | <i>None</i>   |                                       |                        |   |
| Code Reference                                   | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> |                                       |                        | Correct by (date)   |
|  | <i>None</i>   |                                       |                        |   |
| EDUCATION PROVIDED OR COMMENTS                   |   |                                       |                        |   |
| Person in Charge /Title:<br><i>Sophia DeRosa</i> |   |                                       |                        | Date: <i>3/3/22</i>   |
| Inspector: <i>1113</i>                           |   | Telephone No. <i>417/767/4131</i>     | EPHS No. <i>1113</i>   | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: <i>3/3/22</i> |

Person in Charge /Title:

Date: 3/3/22

### Inspector:

Telephone No.

EPHS No. 2

Follow-up:  Yes  No  
Follow-up Date:



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

|   |                               |   |
|---|-------------------------------|---|
| ESTABLISHMENT NAME:<br><i>McDONALDS</i>   | OWNER:<br><i>Bill Kramer</i>  | PERSON IN CHARGE:<br><i>Shelly McFarlin</i> |
| ADDRESS:<br><i>1432 S. Sam Houston Blvd.</i>  |                               | COUNTY:<br><i>TEXAS</i>                     |
| CITY/ZIP:<br><i>Houston, Mo. 65483</i>  | PHONE:<br><i>417-967-4000</i> | FAX:<br><i>—</i>                            |
| P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |                               |   |

|   |
|---|
| ESTABLISHMENT TYPE<br><input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |
|---|

|  |
|--|
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other |
|--|

|   |  |   |
|---|--|---|
| FROZEN DESSERT<br><input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. <i>215-17175</i><br><i>Exp 6/30/21</i> | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |
|---|--|---|

#### RISK FACTORS AND INTERVENTIONS

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

#### GOOD RETAIL PRACTICES

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

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

|  |                                      |                        |  |
|--|--------------------------------------|------------------------|--|
| Person in Charge /Title:<br><i>Shelly McFarlin</i> | Date:<br><i>6/15/21</i>              |                        |  |
| Inspector:<br><i>Young Martin</i>                  | Telephone No.<br><i>417-967-4131</i> | EPHS No.<br><i>920</i> | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  |                                      |                        | Follow-up Date:  |



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Person in Charge /Title:

Date: 6/15/21

**Inspector:**

Telephone No.

EPHS No. 1234567890

Follow-up:  Yes  No  
Follow-up Date: