



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

TIME IN 115	TIME OUT 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 CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <i>Fast-n-Friendly</i>	OWNER: <i>Mark Rinnce</i>	PERSON IN CHARGE: <i>Carley Elleds</i>
ADDRESS: <i>243 S Main</i>	COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Licking 65542</i>	PHONE: <i>577/614/2390</i>	FAX:
P.H. PRIORITY: ☐ H ☒ M ☐ L		
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☒ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS		
PURPOSE ☐ Pre-opening ☒ Routine ☐ Follow-up ☐ Complaint ☐ Other		
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____	SEWAGE DISPOSAL ☐ PUBLIC ☐ PRIVATE	WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

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

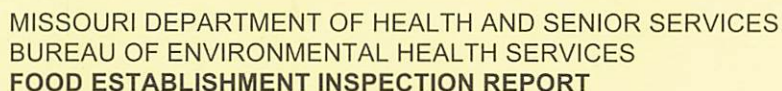
Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding	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

GOOD RETAIL PRACTICES

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

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

Person in Charge / Title: <i>Mark Rinnce</i>	Date: <i>7/20/26</i>		
Inspector: <i>2/11/26</i>	Telephone No.: <i>401/604131</i>	EPHS No.: <i>1773</i>	Follow-up: ☐ Yes ☒ No
Follow-up Date: _____			



TIME IN 115	TIME OUT 145
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	1140	TIME OUT	1155
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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: <i>Fast n' Friends</i>	OWNER: <i>Mark Rinnac</i>	PERSON IN CHARGE: <i>C. G. ELLIOTT</i>
ADDRESS: <i>243 S Main</i>	CITY/ZIP: <i>Licking 65542</i>	COUNTY: <i>Texas</i>
PHONE: <i>573/674/2390</i>	FAX:	P.H. PRIORITY: ☐ H ☒ M ☐ L
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS		
PURPOSE ☐ Pre-opening ☐ Routine ☒ Follow-up ☐ Complaint ☐ Other		
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____	SEWAGE DISPOSAL ☐ PUBLIC ☐ PRIVATE	WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

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

Person in Charge / Title: <i>Donna J. Miller</i>	Date: <i>12/29/25</i>		
Inspector: <i>[Signature]</i>	Telephone No. <i>417/967/4131</i>	EPHS No. <i>1713</i>	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 12:30	TIME OUT 1:00
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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <u>Fast-n-Friendly</u>		OWNER: <u>Mark Rinne</u>		PERSON IN CHARGE: <u>Carley Elleds</u>	
ADDRESS: <u>243 S Main</u>				COUNTY: <u>Texas</u>	
CITY/ZIP: <u>Licking 6542</u>		PHONE: <u>573/674/2390</u>		FAX:	
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS				P.H. PRIORITY: ☐ H ☒ M ☐ L	
PURPOSE ☐ Pre-opening ☒ Routine ☐ Follow-up ☐ Complaint ☐ Other					
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____		SEWAGE DISPOSAL ☐ PUBLIC ☐ PRIVATE		WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____	

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IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
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IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
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		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <u>Carley Elleds</u>			Date: <u>12/19/25</u>		
Inspector: <u>PR</u>	Telephone No. <u>417/967/4131</u>	EPHS No. <u>1223</u>	Follow-up: ☒ Yes ☐ No	Follow-up Date: <u>12/24/25</u>	



TIME IN 1230	TIME OUT 1:00
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ESTABLISHMENT NAME		ADDRESS	CITY	ZIP
Fast-n-Friendly		243 S Main	Licking	65542
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION	TEMP.
Milk	Wellkin	35	Scallions	38
Yoghurt	—	36	Tomato	37
OS	—	35		
Crown-	Copper Can	40		
Cheese	Sid Fink	38		

[illegible][illegible]

EDUCATION PROVIDED OR COMMENTS

EDUCATION PROVIDED OR COMMENTS			
Person in Charge /Title: <i>Xcristell</i>			Date: <i>12/19/25</i>
Inspector: <i>X P M</i>	Telephone No. <i>411/167/431</i>	EPHS No. <i>1113</i>	Follow-up: ☒ Yes ☐ No Follow-up Date: <i>12/26/25</i>



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

TIME IN 1115	TIME OUT 1145
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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: <i>Good Fast-n-Friendly</i>		OWNER: <i>Mark Rinne</i>	PERSON IN CHARGE: <i>Curly Elleds</i>	
ADDRESS: <i>243 S Main St</i>		COUNTY: <i>Texas</i>		
CITY/ZIP: <i>Licking 65542</i>	PHONE: <i>573/674/2390</i>	FAX:	P.H. PRIORITY: ☐ H ☐ M ☐ L	
ESTABLISHMENT TYPE ☐ BAKERY ☒ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☒ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS				
PURPOSE ☐ Pre-opening ☒ Routine ☐ Follow-up ☐ Complaint ☐ Other				
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____		SEWAGE DISPOSAL ☒ PUBLIC ☐ PRIVATE		WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____

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	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
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IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
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		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Michelle Coen</i>			Date: <i>4/13/25</i>		
Inspector: <i>R. P. Coen</i>	Telephone No. <i>417/961/4171</i>	EPHS No. <i>1773</i>	Follow-up: ☐ Yes ☒ No	Follow-up Date:	



TIME IN	TIME OUT
11:15	11:45
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MO 580-1814 (11-14)

Risk Based Inspection Assessment

Establishment Name: Fast & Friendly Owner: Mark Rinde

Establishment Address: 213 S Main St

Check all that apply. If a facility meets one or more criteria in any category it must be classified at the higher risk/priority.

High Priority (examples include full-service restaurants, nursing homes, and hospitals)

- ☐ Extensive menu. Potentially hazardous and non-potentially hazardous foods held and prepared.
- ☐ Extensive handling of raw ingredients.
- ☐ Complex preparation including cooking, cooling, and reheating;
- ☐ Potentially hazardous foods are prepared (hot or cold) and held hot or cold.
- ☐ Highly susceptible population served (nursing home, hospital, senior center and child care).
- ☐ Conducts a specialized process: smoking, curing, reduced oxygen packaging, etc.
- ☐ >400 patrons/meals served per day.

Medium Priority (examples include grocery stores, schools, and fast-food restaurants)

- ☒ Potentially hazardous foods require minimal assembly and are cooked and served immediately.
- ☒ Potentially hazardous foods may be held for hot or cold holding after preparation or cooking.
- ☒ Complex preparation is limited to only a few potentially hazardous foods that require cooking, cooling, and reheating.
- ☒ Establishments that would otherwise be assessed as High Priority, but have shown through inspection history to have achieved active managerial control of foodborne illness risk factors.
- ☐ New establishments that would be assessed as Low Priority but because of a lack of inspection history demonstrating active managerial control of foodborne illness risk factors.
- ☒ <400 patrons/meals served per day.

Low Priority (examples include convenience stores, hot dog carts, and coffee shops)

- ☐ Pre-packaged, non-potentially hazardous foods are available or served.*
- ☐ Non-potentially hazardous foods prepared and served.
- ☐ Commercially processed potentially hazardous foods prepared for hot holding.
- ☐ No cooling of potentially hazardous foods
- ☐ Establishments that would otherwise be assessed as Medium Priority, but have shown through inspection history to have achieved active managerial control of foodborne illness risk factors.
- ☐ <100 patrons/meals served per day.

Increase Frequency in Priority Assessment when any apply

- ☐ History of a lack of active managerial control of foodborne illness risk factors.
- ☐ Involvement in foodborne illness outbreak.

How PR

Environmental Public Health Specialist

11/1/29

Date

* If the only one checked, this is not a food establishment if **only** pre-packaged, non-potentially hazardous foods are sold.



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

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

ESTABLISHMENT NAME: <i>Fast & Friendly</i>		OWNER: <i>Mark Rinne</i>	PERSON IN CHARGE:	
ADDRESS: <i>243 S Main St</i>			COUNTY: <i>Texas</i>	
CITY/ZIP: <i>Licking 65542</i>		PHONE: <i>513/674/2390</i>	FAX:	P.H. PRIORITY: ☒ H ☐ M ☐ L
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS				
PURPOSE ☐ Pre-opening ☐ Routine ☒ Follow-up ☐ Complaint ☐ Other				
FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____		SEWAGE DISPOSAL ☒ PUBLIC ☐ PRIVATE		
		WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____		

RISK FACTORS AND INTERVENTIONS

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

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

GOOD RETAIL PRACTICES

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

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

Person in Charge /Title: <i>Karley E. Elmore</i>			Date: <i>4/2/24</i>	
Inspector: <i>[Signature]</i>	Telephone No. <i>417/967/4171</i>	EPHS No. <i>1772</i>	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
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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.

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CITY/ZIP: <u>Licking 65542</u>	PHONE: <u>573/674/2390</u>	FAX:
P.H. PRIORITY: ☒ H ☐ M ☐ L		
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FROZEN DESSERT ☐ Approved ☐ Disapproved ☐ Not Applicable License No. _____	SEWAGE DISPOSAL ☒ PUBLIC ☐ PRIVATE	WATER SUPPLY ☒ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled _____ Results _____

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Person in Charge /Title: <u>X Kevvy Ellidge</u>	Date: <u>3/26/24</u>
Inspector: <u>[Signature]</u>	Telephone No. <u>417/957/4131</u>
EPHS No. <u>1773</u>	Follow-up: ☐ Yes ☐ No
	Follow-up Date: <u>4/2/24</u>



TIME IN	TIME OUT
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EDUCATION PROVIDED OR COMMENTS				
Person in Charge /Title: <i>X Karky Ellidge</i>				Date: <i>3/26/24</i>
Inspector: <i>2 M L Karky Ellidge</i>	Telephone No. <i>417/1967/4131</i>	EPHS No. <i>1773</i>	Follow-up: ☒ Yes ☐ No	Follow-up Date: <i>4/2/24</i>