



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

TIME IN: 10:40 AM    TIME OUT: 11:41 AM  
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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: <b>CENTRAL ELEMENTARY</b>		OWNER: <b>DEXTER SCHOOL DIST</b>		PERSON IN CHARGE:	
ADDRESS: <b>1213 CENTRAL DRIVE</b>				COUNTY:	
CITY/ZIP: <b>DEXTER 63841</b>		PHONE: <b>614-1020</b>		FAX:	
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L					
ESTABLISHMENT TYPE					
<input type="checkbox"/> BAKERY		<input type="checkbox"/> C. STORE		<input type="checkbox"/> CATERER	
<input type="checkbox"/> RESTAURANT		<input checked="" type="checkbox"/> SCHOOL		<input type="checkbox"/> SENIOR CENTER	
<input type="checkbox"/> DELI		<input type="checkbox"/> TEMP. FOOD		<input type="checkbox"/> GROCERY STORE	
<input type="checkbox"/> INSTITUTION		<input type="checkbox"/> TAVERN		<input type="checkbox"/> MOBILE VENDORS	
PURPOSE					
<input type="checkbox"/> Pre-opening		<input checked="" type="checkbox"/> Routine		<input type="checkbox"/> Follow-up	
<input type="checkbox"/> Complaint		<input type="checkbox"/> Other			
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		<input checked="" type="checkbox"/> PUBLIC		<input checked="" type="checkbox"/> COMMUNITY	
License No. _____		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
		Date Sampled _____		Results _____	

RISK FACTORS AND INTERVENTIONS

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

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

Person in Charge / Title: <b>Michelle Ash</b>			Date: <b>1-26-21</b>		
Inspector: <b>WILLIAM A. BRANDEL</b>		Telephone No. <b>568-4593</b>		EPHS No. <b>1582</b>	
			Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Follow-up Date:		