



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

TIME IN 11:00AM	TIME OUT
PAGE 1 of 1	

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

ESTABLISHMENT NAME: <b>Fancy Farm Potcorn</b>		OWNER: <b>CHRISTIANNE / SANDI TANNER</b>	PERSON IN CHARGE: <b>MICHELLE VINCENT</b>
ADDRESS: <b>PO Box 209</b>		COUNTY: <b>STOLDFARD</b>	
CITY/ZIP: <b>CTY ROAD 675</b>	PHONE: <b>573-276-3315</b>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD			
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	

**RISK FACTORS AND INTERVENTIONS**

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

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

**GOOD RETAIL PRACTICES**

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

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

Person in Charge / Title: <b>MICHELLE VINCENT</b>		Date: <b>9/26/17</b>	
Inspector: <b>WILLIAM A. BRANDEL</b>	Telephone No. <b>568-4593</b>	EPHS No. <b>1583</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: <b>NRT</b>	