



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

TIME IN 2:00 PM	TIME OUT 3:00 PM
PAGE 1 of 21	

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: SOUTHERN CROSS (Foodtruck)		OWNER: SCOTT NORRIS		PERSON IN CHARGE: SCOTT	
ADDRESS: 14962 CORD ST				COUNTY: STANBARD	
CITY/ZIP: DEXTER 63841		PHONE: 573-625-3030	FAX:		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE					
<input type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> TEMP. FOOD	<input type="checkbox"/> TAVERN	<input checked="" 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 License No. _____		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	

RISK FACTORS AND INTERVENTIONS

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

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

The letter to the left of each item indicates that item's status at the time of the inspection.
 IN = in compliance OUT = not in compliance
 N/A = not applicable 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								
✓		Adequate equipment for temperature control			✓		Single-use/single-service articles: properly stored, used					
✓		Approved thawing methods used			✓		Gloves used properly					
✓		Thermometers provided and accurate							Utensils, Equipment and Vending			
				Food Identification								
✓		Food properly labeled; original container			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					
				Prevention of Food Contamination								
✓		Insects, rodents, and animals not present			✓		Warewashing facilities: installed, maintained, used; test strips used					
✓		Contamination prevented during food preparation, storage and display			✓		Nonfood-contact surfaces clean					
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Physical Facilities					
✓		Wiping cloths: properly used and stored			✓		Hot and cold water available; adequate pressure					
✓		Fruits and vegetables washed before use			✓		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: Scott Norris Owner			Date: 4-25-19		
Inspector: WILLIAM A. BRANDEL	Telephone No. 573-568-4593	EPHS No. 1582	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: N/A		