



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

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>Southern Cross</i>	OWNER: <i>Scott Northcutt</i>	PERSON IN CHARGE: <i>Scott</i>
ADDRESS: <i>14962 CR 517</i>	CITY/ZIP: <i>DEXTER</i>	COUNTY: <i>STOWARD</i>
PHONE: <i>625-3030</i>	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"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> MOBILE VENDORS		
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input 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 type="checkbox"/> Not Applicable License No. <i>X</i>	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY Date Sampled <i>TESTED LAST 12 MO.</i> 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				IN/OUT N/A	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				IN/OUT N/A	Chemical		
IN/OUT	Food obtained from approved source			IN/OUT	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	COS	R	IN	OUT	COS	R
Safe Food and Water				Proper Use of Utensils			
/	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>[Signature]</i>	Date: <i>1-23-17</i>
Inspector: <i>[Signature]</i>	Telephone No.:
EPHS No.:	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: <i>Next Routine</i>