



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

TIME IN 11:45am	TIME OUT 12:30pm
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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: AMERICAN #17	OWNER: LAURA YOUNG	PERSON IN CHARGE: CYNTHIA OWENS
ADDRESS: 102 SOAK	CITY/ZIP: ADVANCE 63730	COUNTY: STODDARD
PHONE: 722-5775	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" 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 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 <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input 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
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/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				Consumer Advisory		
	Approved Source						
IN/OUT	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/O N/A	Pasteurized foods used, prohibited foods not offered		
IN/OUT N/O N/A	Required records available: shellstock tags, parasite destruction				Chemical		
	Protection from Contamination						
IN/OUT N/A	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				Conformance with Approved Procedures		
				IN/OUT N/A	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					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: K. CONNOR	Date: 6/30/20		
Inspector: WILLIAM A. BRANDEL	Telephone No.: 562-4593	EPHS No.: 1582	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date: N/A