



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

TIME IN 9:38 AM	TIME OUT 12:31
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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: FAYES BAKERY		OWNER: (NEWOWNER) TERRY BURLESON	PERSON IN CHARGE: SHELA BAIRD
ADDRESS: 216 BUSINESS 60		COUNTY: STODOLAND	
CITY/ZIP: DEXTER 63841	PHONE: 624-4920	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" 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 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 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				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				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	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 = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item			
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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	COS	
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled	COS	
		Food Temperature Control			✓		Single-use/single-service articles: properly stored, used	COS	
✓		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: Sheila Baird		Date: 10/7/19	
Inspector: William A. Brandel	Telephone No. 568-4593	EPHS No. 1582	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 06-12-19



TIME IN 9:40 AM	TIME OUT 10:51 AM
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ESTABLISHMENT NAME		ADDRESS		CITY	ZIP	
FAYES BAKERY		216 BUSINESS 60		DEXTER	63841	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.	
MILK REF (BATH THERMO)		40°				
SODA REF		37°				
BLACK REF		38°				
Code Reference	PRIORITY ITEMS				Correct by (date)	Initial
	Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.					
2-102.11	MANAGER ADMITTED NO USE OF 3 STEP PROCESS NOT USING SANITIZER STEP DISCUSSED USE OF BLEACH AS SANITIZER & NEED TO USE INCLUDING TESTING CONCENTRATIONS					SP
4-102.11	UTENSILS & FCS NOT SANITIZED BEFORE USE - NOT UTILIZING SANITIZER					SP
Code Reference	CORE ITEMS				Correct by (date)	Initial
	Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.					
3-302.11A4	GLAZED DOGNUTS ON OPEN RACKS WITH NO PROTECTION - ADVISED TO COVER TOP W BAKING PAN TO PREVENT CONTAMINATION				COS	
2-402.11	MANAGER & STAFF NOT UTILIZING HAIR NETS TO PREVENT CONTAMINATION - HAIR NOT CONTAINED/RESTRAINED					SP
4-903.11	BOWLS, DOGNUT BOXES, FOAM CARRY OUT CONTAINERS NOT INVERTED OR COVERED				COS	
4-204.112	THERMOMETER IN MILK REFRIGERATOR NOT WORKING - REPLACE THERMOMETER					SP
4-302.14	NO SANITIZER TEST STRIPS/KIT - ADVISED TO ORDER & USE - CHLORINE SANITIZER 100-200 PPM					SP
EDUCATION PROVIDED OR COMMENTS						
Person in Charge /Title: <u>Shelia David</u>					Date: <u>6/7/19</u>	
Inspector: <u>WILLIAM A. BRUNDEL</u>		Telephone No. <u>568-4593</u>		EPHS No. <u>1582</u>		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <u>6-13-19</u>