



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE

**FOOD ESTABLISHMENT INSPECTION REPORT**

DATE 11-29-10	PAGE 1 OF 2
TIME IN 10:26	TIME OUT 11:20

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 Kingston Elementary (Primary)		OWNER Kingston K-14 School	PERSON IN CHARGE Mary McDonald	
ADDRESS 10047 Diamond Road		ESTABLISHMENT LICENSE NO.	COUNTY Washington	REGION Central
CITY/ZIP CODE Cadet, MO 63630	TELEPHONE NUMBER 573-438-4982	FAX NUMBER 573-438-4664	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"/> Mobile
<input type="checkbox"/> Restaurant	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Senior Center	<input type="checkbox"/> Summer F.P.	<input type="checkbox"/> Tavern	<input type="checkbox"/> Temporary	

SEWAGE DISPOSAL <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	WATER SUPPLY <u>DWR regulated - sampled by staff</u> <input type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Community <input type="checkbox"/> Private Date Sampled: <u>10-12-10</u> Result: <u>Satisfactory</u>	FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License Number: _____
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PURPOSE

Pre-Opening  Follow-Up  Routine  Complaint  Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
Milk	41°F	Beverage Air Banker	Ranch Dressing	37°F	walk in cooler
Pasta	182°F	sewing line hot hold			
Ranch Dressing	41°F	Victory Refrigerator			
Pizza	141°F	USCA Hot hold			

**RISK FACTORS AND INTERVENTIONS**

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature	3-401.11-13		
<b>EMPLOYEE HEALTH</b>					<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding	3-403.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cooling	3-501.14		
<b>GOOD HYGIENIC PRACTICES</b>					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Parasite destruction	3-402.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Eating, tasting, drinking or tobacco use	2-401.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Hot holding	3-501.16		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Discharges from eyes, nose, or mouth	2-401.12			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16		
<b>CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION</b>					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)	3-501.19		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Bare hand contact with ready-to-eat foods	3-301.11			<b>CONSUMER ADVISORY</b>				
<b>APPROVED SOURCE</b>					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<b>PROTECTION FROM CONTAMINATION</b>					<b>CHEMICAL</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food segregated, separated and protected	3-302.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14			<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11			IN = In Compliance OUT = Not In Compliance N/A = not applicable COS = Corrected on Site R = Repeat N/O = Not Observed				

RECEIVED BY (PERSON IN CHARGE/TITLE) Mary A. McDonald	DATE 11-29-10
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INSPECTOR/TELEPHONE NUMBER Bill Humphrey 573-438-2164	EPHS NO. 1217	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP
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**FOOD ESTABLISHMENT INSPECTION REPORT**

2 OF 2

ESTABLISHMENT NAME: Kingston Primary School ADDRESS: 10047 Diamond Rd CITY: Cadet MO 63630

FOOD CODE REFERENCES		CRITICAL ITEMS			
2 MANAGEMENT/PERSONNEL	CODE REF.	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	CORRECT BY (DATE)	INIT.	
2-1 Supervision		/			
2-2 Employee Health					
2-3 Personal Cleanliness					
2-4 Hygienic Practices					
3 FOOD					
3-1 Characteristics					
3-2 Sources, Containers & Records					
3-3 Protection from Contamination					
3-4 Cooking, Parasite Destruction, Reheating					
3-5 Limiting Growth of Organisms					
3-6 Food Presentation & Labeling					
3-7 Disposition of Contaminated Food					
3-8 Highly Susceptible Populations					
4 EQUIP. UTENSILS & LINENS					
4-1 Characteristics & Use Limitations					
4-2 Design & Construction					
4-3 Numbers & Capacities					
4-4 Location & Installation					
4-5 Maintenance & Operation					
4-6 Cleaning of Equipment					
4-7 Sanitization					
4-8 Laundry					
4-9 Protection of Clean Items					

		NON-CRITICAL ITEMS			
	CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY (DATE)	INIT.	
5 WATER, PLUMBING & WASTE	6.501.11	There are damaged tiles in the stone room. Repair tiles	next routine inspection	MH	
5-1 Water Source, Quality, Capacity		/			
5-2 Plumbing					
5-3 Mobile Water Tanks					
5-4 Sewage & Rainwater					
5-5 Refuse & Recyclables					
6 PHYSICAL FACILITIES					
6-1 Materials for Construction					
6-2 Design, Construction, Installation					
6-3 Numbers & Capacities					
6-4 Location & Placement					
6-5 Maintenance & Operation					
7 POISONOUS OR TOXIC ITEMS					
7-1 Labeling & Identification					
7-2 Supplies & Applications					
7-3 Storage & Display					

**EDUCATION PROVIDED OR COMMENTS**

note: The sanitizer level of wiping cloths was between 50-100 ppm  
 Mary G. McDonald

RECEIVED BY (PERSON IN CHARGE/TITLE): \_\_\_\_\_ DATE: 11-29-10

INSPECTOR/TELEPHONE NUMBER: Bill Murphy 523-438-2164 EPHS NO. 1217 FOLLOW-UP:  YES  NO DATE OF FOLLOW-UP: \_\_\_\_\_