



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

48731

DATE 3/31/10	PAGE 1 OF 2
TIME IN 10:25	TIME OUT 11:40

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 K-14 Primary School		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

Bakery  C. Store  Caterer  Deli  Grocery Store  Institution  Mobile  
 Restaurant  School  Senior Center  Summer F.P.  Tavern  Temporary

SEWAGE DISPOSAL:  Public  Private  
WATER SUPPLY:  Community  Non-Community  Private  
Date Sampled: 3-8-10 Result: Satisfactory  
FROZEN DESSERT:  Approved  Disapproved  Not Applicable  
License Number: \_\_\_\_\_

PURPOSE:  Pre-Opening  Follow-Up  Routine  Complaint  Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
Milk	41F	Beverage Air milk cooler			
Gravy	149F	Hot hold serving line			
masked potatoes	141F	Use CO hot hold			
spaghetti sauce	38F	WALK IN cooler			

**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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Food obtained from approved source	3-201.11-17			<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			<b>CHEMICAL</b>				
<b>PROTECTION FROM CONTAMINATION</b>					<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 segregated, separated and protected	3-302.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
<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			<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14			<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	Preventing contamination from equipment	3-304.11			<b>IN = In Compliance</b> <b>COS = Corrected on Site</b> <b>OUT = Not In Compliance</b> <b>R = Repeat</b> <b>N/A = not applicable</b> <b>N/O = Not Observed</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11							

RECEIVED BY (PERSON IN CHARGE/TITLE): Mary McDonald DATE: 3/31/10

INSPECTOR/TELEPHONE NUMBER: Bill Huebner 573 438-2164 EPHS NO.: 1217 FOLLOW-UP:  YES  NO DATE OF FOLLOW-UP: \_\_\_\_\_



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3-31-10

2 OF 2

ESTABLISHMENT NAME <i>Kingston K-14 Primary School</i>	ADDRESS <i>10047 Diamond Rd</i>	CITY <i>Cadet MO 63630</i>
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**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					
<b>3 FOOD</b>					
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					
<b>4 EQUIP. UTENSILS &amp; LINENS</b>					
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**

5 WATER, PLUMBING & WASTE	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.
5-1 Water Source, Quality, Capacity	6.501.11	The wall in the storeroom has sections of damaged paint. non-food contact surfaces must be smooth and easily cleanable.	next routine inspection	MM
5-2 Plumbing				
5-3 Mobile Water Tanks	6.501.11	The wall in freezer floor has areas of chipped paint. non-food contact surfaces must be smooth and easily cleanable.		
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
<b>6 PHYSICAL FACILITIES</b>				
6-1 Materials for Construction	6.501.11	There is a chipped floor tile in the back store room. Repair tile.		
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
<b>7 POISONOUS OR TOXIC ITEMS</b>				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

**EDUCATION PROVIDED OR COMMENTS**

Note: The sanitizer level of the wiping cloths was between 50-100 ppm. The sanitizer level in the ware washing sink was between 50-100 ppm

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Mary McDonald</i>	DATE <i>3/31/10</i>
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INSPECTOR/TELEPHONE NUMBER <i>Bill King 573-438-2164</i>	EPHS NO. <i>1217</i>	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP
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