



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

DATE 5-27-10	PAGE 1 OF 2
TIME IN 10:10	TIME OUT 11:30

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 School (MS Cafe)	OWNER Kingston K-14 School District	PERSON IN CHARGE Leta Lofe
ADDRESS 10047 Diamond Road	ESTABLISHMENT LICENSE NO.	COUNTY Washington
CITY/ZIP CODE Cade MO 63630	TELEPHONE NUMBER 573-438-4982	FAX NUMBER 573-438-8818
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 checked="" type="checkbox"/> Summer F.P. <input type="checkbox"/> Tavern <input type="checkbox"/> Temporary	REGION Central	
SEWAGE DISPOSAL <input type="checkbox"/> Public <input type="checkbox"/> Private DNR Regulated	WATER SUPPLY <input type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Community <input type="checkbox"/> Private Date Sampled: 5-3-10 Result: Satisfactory	FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License Number: _____

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
Ranch Dressing	39°F	walk in cooler #1	Corn Dog	159°F	C-5 hot hold
Corn Dog	193°F	oven	Cheese Sauce	179°F	Serving line
milk	39°F	victory refrigerator	otts Dressing	38°F	walk in cooler #2
Milk	40°F	beverage milk dispenser			

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		
	EMPLOYEE HEALTH				<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		
	GOOD HYGIENIC PRACTICES				<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		
	CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION				<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				CONSUMER ADVISORY			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<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	Receiving temperature / condition	3-202.11-19				HIGHLY SUSCEPTIBLE POPULATIONS			
<input 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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
	PROTECTION FROM CONTAMINATION					CHEMICAL			
<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 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	Food display, consumer self-service, returned food / re-service of food	3-306.11-14				CONFORMANCE WITH APPROVED PROCEDURES			
<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							

RECEIVED BY (PERSON IN CHARGE/TITLE) Leta A. Lofe, F.D.D.	DATE 5/27/2010
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INSPECTOR/TELEPHONE NUMBER Bill Murphy 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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2 OF 2

ESTABLISHMENT NAME <i>Kingston K-14 School</i>	ADDRESS <i>10047 Diamond Road</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					
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	<i>There is a small section of molding missing next to walk in cooler #1. Repair/replace molding</i>	<i>Next routine inspection</i>	<i>J.D.</i>
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

Menu: Corn dog, Macaroni + cheese, snack mix, Apples, potato twister, oatmeal cookie, milk

The sanitizer level was between 50-100 ppm.

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Leta A. Juty J. D. D.</i>	DATE <i>5/27/2010</i>
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INSPECTOR/TELEPHONE NUMBER <i>Bill Murphy 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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