



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

TIME IN: 10:50 TIME OUT: 11:30  
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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: Huntic Hones OWNER: \_\_\_\_\_ PERSON IN CHARGE: \_\_\_\_\_  
 ADDRESS: 10 Hillwood Circle COUNTY: \_\_\_\_\_  
 CITY/ZIP: Florobethtown 42701 PHONE: 513-537-3463 FAX: \_\_\_\_\_ P.H. PRIORITY:  H  M  L  
 ESTABLISHMENT TYPE  
 BAKERY  C. STORE  CATERER  DELI  GROCERY STORE  INSTITUTION  
 RESTAURANT  SCHOOL  SENIOR CENTER  TEMP. FOOD  TAVERN  MOBILE VENDORS  
 PURPOSE  
 Pre-opening  Routine  Follow-up  Complaint  Other  
 FROZEN DESSERT  
 Approved  Disapproved  Not Applicable  
 License No. \_\_\_\_\_ SEWAGE DISPOSAL  
 PUBLIC  PRIVATE  
 WATER SUPPLY  
 COMMUNITY  NON-COMMUNITY  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	
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper cooking, time and temperature		
		Employee Health				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Management awareness; policy present				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper hot holding temperatures		
		Good Hygienic Practices				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	No discharge from eyes, nose and mouth				<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)		
		Preventing Contamination by Hands				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Hands clean and properly washed				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
		Approved Source				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food obtained from approved source				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food received at proper temperature				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food in good condition, safe and unadulterated				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Required records available: shellstock tags, parasite destruction				<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	<input type="checkbox"/> N/O	<input type="checkbox"/> 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.						
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food separated and protected			IN = in compliance		OUT = not in compliance					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized			N/A = not applicable		N/O = not observed					
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required				<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled			
		Food Temperature Control				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean			
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical Facilities			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			
						<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean			

Person in Charge / Title: Debra Cain Date: 1-26-2023  
 Inspector: Godwin Matsum Telephone No: 513-663-2911 EPHS No: 1081  
 Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
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TIME IN 10:56	TIME OUT 11:36
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ESTABLISHMENT NAME Auntie Annes		ADDRESS 10 Hillwood Circle		CITY Elizabethton		ZIP 42701	
FOOD PRODUCT/LOCATION Ambient Air cooler		TEMP. 34°F	FOOD PRODUCT/LOCATION		TEMP.		
Ambient Air warmer		140°F					

Code Reference	PRIORITY ITEMS 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.	Correct by (date)	Initial
	none at this time		

Code Reference	CORE ITEMS 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.	Correct by (date)	Initial
	none at this time		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Kelly Ginn		Date: 1-26-2023	
Inspector: Eddie Motcum	Telephone No. 715 683-2191	EPHS No. 11081	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date: