



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

TIME IN: 10:50 TIME OUT: 11:45  
PAGE 1 of 2

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: <u>Hearn's Elementary</u>		OWNER:	PERSON IN CHARGE: <u>Mekelle Martin</u>	
ADDRESS: <u>1015 Plant Rd.</u>			COUNTY: <u>Mississippi</u>	
CITY/ZIP: <u>Warleson 63884</u>	PHONE: <u>683-3728</u>	FAX:	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"/> RESTAURANT <input checked="" 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 type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other				
FROZEN DESSERT		SEWAGE DISPOSAL	WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<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		
	<b>Employee Health</b>						
IN/OUT	Management awareness; policy present			IN/OUT/N/O/N/A	Proper reheating procedures for hot holding		
IN/OUT	Proper use of reporting, restriction and exclusion			IN/OUT/N/O/N/A	Proper cooling time and temperatures		
	<b>Good Hygienic Practices</b>						
IN/OUT/N/O	Proper eating, tasting, drinking or tobacco use			IN/OUT/N/O/N/A	Proper hot holding temperatures		
IN/OUT/N/O	No discharge from eyes, nose and mouth			IN/OUT/N/O/N/A	Proper cold holding temperatures		
	<b>Preventing Contamination by Hands</b>						
IN/OUT/N/O	Hands clean and properly washed			IN/OUT/N/A	Proper date marking and disposition		
IN/OUT/N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)		
IN/OUT	Adequate handwashing facilities supplied & accessible			IN/OUT/N/O/N/A	<b>Consumer Advisory</b>		
	<b>Approved Source</b>				Consumer advisory provided for raw or undercooked food		
IN/OUT	Food obtained from approved source			IN/OUT/N/A	<b>Highly Susceptible Populations</b>		
IN/OUT/N/O/N/A	Food received at proper temperature			IN/OUT	Pasteurized foods used, prohibited foods not offered		
IN/OUT	Food in good condition, safe and unadulterated				<b>Chemical</b>		
IN/OUT/N/O/N/A	Required records available: shellstock tags, parasite destruction			IN/OUT/N/A	Food additives: approved and properly used		
	<b>Protection from Contamination</b>				Toxic substances properly identified, stored and used		
IN/OUT/N/A	Food separated and protected				<b>Conformance with Approved Procedures</b>		
IN/OUT/N/A	Food-contact surfaces cleaned & sanitized				Compliance with approved Specialized Process and HACCP plan		
IN/OUT/N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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      N/O = not observed  
 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
X		Pasteurized eggs used where required			X		In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		<b>Food Temperature Control</b>					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					<b>Utensils, Equipment and Vending</b>		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled: original container					Nonfood-contact surfaces clean		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
		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: Mekelle Martin Date: 1-14-2020

Inspector: Judie Moore Telephone No: 513-1083-2191 EPHS No: 11081

Follow-up:  Yes  No  
Follow-up Date: \_\_\_\_\_

