



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

TIME IN 1:00	TIME OUT 3:00
PAGE 1 of 5	

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: <i>Tasters</i>	OWNER:	PERSON IN CHARGE: <i>Rhonda Brack</i>
ADDRESS: <i>720 N Martin</i>	COUNTY: <i>Mississippi</i>	
CITY/ZIP: <i>East Prairie 63845</i>	PHONE: <i>649-5452</i>	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 checked="" type="checkbox"/> RESTAURANT <input 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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <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
<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/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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 <input type="checkbox"/> N/O	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				Consumer Advisory		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				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 Sources				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/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <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. IN = in compliance OUT = not in compliance N/A = not applicable COS = Corrected On Site R = Repeat Item			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control				<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored, used		
	<input checked="" type="checkbox"/>	Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>		Thermometers provided and accurate				<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification				<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
	<input checked="" type="checkbox"/>	Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present				<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure		
	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
						<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Phyllis R. Mangaw</i>	Date: <i>9-30-2021</i>
Inspector: <i>Jodie Marcum</i>	Telephone No.: <i>573-683-2191</i>
EPHS No.: <i>1681</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <i>10-4-2021</i>

10-28-2021



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

TIME IN: 7:00 TIME OUT: 3:00
PAGE 2 of 5

ESTABLISHMENT NAME Tasters		ADDRESS 720 N Martin		CITY East Prairie	ZIP 63845
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient Air (AA) pizza		32°F	AA milk cooler		37°F
make-line cooler			AA walk-in cooler		40°F
ham/pizza make-line		40°F	pizza sauce/steamwell		145°F
tomato/sandwich make-line cooler		35°F			

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.

Code Reference	Description	Correct by (date)	Initial
3-201.11	Lunch meat in cooler across from grill has time on it, but no date. All meat items must be labeled w/ 7-day discard date	10-4	
3-701.11	Condensation in freezer dripping into open back of chicken tenders food must be stored so it is protected from contamination. Discarded when found	10-4	
4-601.11(A)	Fishes stored as clean appear to be dirty above the 3 vat station on shelving. Food contact surfaces (fishes) must be stored clean	10-4	
4-601.11(B)	Pizza pans across from 3 vat sink appear to be dirty but stored as clean (tomatoes & grease build up)	10-4	

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.

Code Reference	Description	Correct by (date)	Initial
6-202.15	Entrance door does not properly seal at the bottom so pests can't enter.	10-28	
4-501.11	Floors under & around equipment throughout the facility were soiled w/ food debris & grease build up. Floors throughout must be clean frequently enough to prevent build up	10-28	
4-501.11	Shelving throughout the facility (e.g. cup storage in front, above 3 vat in back & storage area) is soiled w/ food debris & grease build up. Must be cleaned frequently enough to prevent build up.	10-28	
3-802.11	Bulk sugar & flour containers not labeled. All bulk spices must be labeled	10-28	

EDUCATION PROVIDED OR COMMENTS

Frozen desert machine out of order, will inspect during follow-up.

Person in Charge/Title: Manager Date: 9-30-2021

Inspector: Jade Marcum Telephone No. 573-683-2191 EPHS No. 1681 Follow-up: Yes No Follow-up Date:



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

TIME IN 7:00 TIME OUT 3:00
 PAGE 3 of 5

ESTABLISHMENT NAME Tasters		ADDRESS 720 N Martin		CITY East Prairie	ZIP 63845
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.

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
2-401.1	12 cigarette butts found on the floor in the walk in cooler	10-4	
3-501.1	Pizza dough in large containers not refrigerated (82°F) must be stored at 41°F or below	10-4	
5-402.1	Mop water being dumped outside by the dumpster. Mop water must be disposed of in an approved sanitary sewerage system	10-4	

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
5-205.1	Hand sink up front being used to dump sodas. Hand sink must be kept clean & clear at all times for hand washing	10-28	
6-501.1	Dust/debris & dead bugs on shelves under cash register. Storage space for single service items should be kept clean	10-28	
4-601.1	Up lids being stored in rickety cardboard box that appears to be dirty. Lids should be stored in cleanable container	10-28	
6-20.1	Unshielded fluorescent bulb above the soda fountain. Light bulb must be shielded in food prep area	10-28	
6-201.17	Women's restroom ventilation fan not working	10-28	

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: Marye Date: 9-30-2021
 Inspector: Godie Matcum Telephone No: 515-183-2191 EPHS No: 1681
 Follow-up: Yes No
 Follow-up Date: _____



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

TIME IN: 1:00
TIME OUT: 3:00
PAGE 4 of 5

ESTABLISHMENT NAME <i>Tasters</i>	ADDRESS <i>720 N Martin</i>	CITY <i>East Prairie</i>	ZIP <i>63845</i>
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	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.		

Code Reference	CORE ITEMS	Correct by (date)	Initial
4-204.100	Ice build up on floor of walk-in freezer	10-28	
3-302.11(A)4	Turkey stored in pizza make-line cooler in a container with no lid	10-28	
4-601.1(c)	spatulas being stored in dirty bucket under registers.	10-28	
5-203.13	No mop sink	10-28	
6-501.11	Dust accumulation on fan guard in walk-in cooler	10-28	
6-501.11	Walls in walkin cooler and freezer have dust accumulation, rust, and mold.	10-28	
6-201.11	Door to walk-in freezer is damaged beyond repair	10-28	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: *Mary*
Inspector: *Jodie Marcum*
Telephone No.: *515-485-2191*
EPHS No.: *7681*
Date: *9-30-2021*
Follow-up: Yes No
Follow-up Date: _____



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

TIME IN: 1:50 TIME OUT: 3:00
 PAGE 5 of 5

ESTABLISHMENT NAME: <i>Eastern</i>		ADDRESS: <i>7201 N Martin</i>		CITY: <i>East Prairie</i>	ZIP: <i>63845</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.

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

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
105011	Stagnant water on the floor of the walkway. Appears to be condensation dripping from the fan. Equipment must be in good repair & floor must be kept clean.	10-28	
460110	Lot of food & grease build up on outside of equipment including the pizza oven & hot water sink & mixer in dish area. Equipment must be kept clean & free of build up & debris.	10-28	

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: <i>Mike R. Mauer</i>			Date: <i>9-30-2021</i>	
Inspector: <i>Spodie Mardum</i>	Telephone No.: <i>513-685-2191</i>	EPHS No.: <i>1681</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: