



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

TIME IN: 10:00 TIME OUT: 10:40  
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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: <u>Sugar Rush Swirl LLC</u> OWNER: _____		PERSON IN CHARGE: _____	
ADDRESS: <u>276 Margaret Dr. East Prairie 63245</u>		COUNTY: <u>Missouri</u>	
CITY/ZIP: _____	PHONE: <u>515 690-2038</u>	FAX: _____	P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS			
PURPOSE <input checked="" type="checkbox"/> Pre-opening <input 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 checked="" 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
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/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				<b>Consumer Advisory</b>		
<b>Approved Source</b>							
IN OUT	Food obtained from approved source			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	<b>Highly Susceptible Populations</b>		
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	<b>Chemical</b>		
<b>Protection from Contamination</b>							
IN OUT N/A	Food separated and protected			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/A	Food-contact surfaces cleaned & sanitized			IN OUT	Toxic substances properly identified, stored and used		
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT N/A	<b>Conformance with Approved Procedures</b>		
				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>									
		Adequate equipment for temperature control					Single-use/single-service articles: properly stored, used		
		Approved thawing methods used					Gloves used properly		
		Thermometers provided and accurate			<b>Utensils, Equipment and Vending</b>				
							Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>									
		Food properly labeled; original container					Warewashing facilities: installed, maintained, used; test strips used		
<b>Prevention of Food Contamination</b>									
		Insects, rodents, and animals not present					Nonfood-contact surfaces clean		
		Contamination prevented during food preparation, storage and display					<b>Physical Facilities</b>		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Hot and cold water available; adequate pressure		
		Wiping cloths: properly used and stored					Plumbing installed; proper backflow devices		
		Fruits and vegetables washed before use					Sewage and wastewater properly disposed		
							Toilet facilities: properly constructed, supplied, cleaned		
							Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: _____		Date: <u>3-27-2024</u>	
Inspector: <u>Judith Moran</u>	Telephone No: <u>515 683 2191</u>	EPHS No: <u>11681</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	





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TIME IN: 10:06	TIME OUT: 10:10
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ESTABLISHMENT NAME: Sugar Rush Sweets LLC		ADDRESS: 276 Margaret Dr.		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
	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
6-262.1	Light visible around air conditioning unit.	NRI	

EDUCATION PROVIDED OR COMMENTS  
 NRI = next routine inspection

Person in Charge /Title: <i>Jodie Mann</i>		Date: 2-27-2024
Inspector: <i>Jodie Mann</i>	Telephone No: 635-683-2191	EPHS No: 11687
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date: <input type="checkbox"/>