



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

TIME IN: 7:40 TIME OUT: 10:15  
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: <i>Boots Needs Best Nutrition</i>		OWNER: <i>Summer Cox</i>	PERSON IN CHARGE:	
ADDRESS: <i>2807 W Hwy 80</i>			COUNTY: <i>Mississippi</i>	
CITY/ZIP: <i>East Prairie 63845</i>	PHONE: <i>258-3917</i>	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 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 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 N/O N/A	Proper reheating procedures for hot holding		
IN/OUT	Management awareness; policy present			IN/OUT N/O N/A	Proper cooling time and temperatures		
IN/OUT	Proper use of reporting, restriction and exclusion			IN/OUT N/O N/A	Proper hot holding temperatures		
<b>Good Hygienic Practices</b>				IN/OUT N/A	Proper cold holding temperatures		
IN/OUT N/O	Proper eating, tasting, drinking or tobacco use			IN/OUT N/O N/A	Proper date marking and disposition		
IN/OUT N/O	No discharge from eyes, nose and mouth			IN/OUT N/O N/A	Time as a public health control (procedures / records)		
<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>			
IN/OUT N/O	Hands clean and properly washed			IN/OUT N/A	Consumer advisory provided for raw or undercooked food		
IN/OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<b>Highly Susceptible Populations</b>			
IN/OUT	Adequate handwashing facilities supplied & accessible			IN/OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
<b>Approved Source</b>				<b>Chemical</b>			
IN/OUT	Food obtained from approved source			IN/OUT N/A	Food additives: approved and properly used		
IN/OUT N/O N/A	Food received at proper temperature			IN/OUT	Toxic substances properly identified, stored and used		
IN/OUT	Food in good condition, safe and unadulterated			<b>Conformance with Approved Procedures</b>			
IN/OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN/OUT N/A	Compliance with approved Specialized Process and HACCP plan		
<b>Protection from Contamination</b>				The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance N/A = not applicable COS = Corrected On Site OUT = not in compliance N/O = not observed R = Repeat Item			
IN/OUT N/A	Food separated and protected						
IN/OUT N/A	Food-contact surfaces cleaned & sanitized						
IN/OUT 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
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>				<b>Utensils, Equipment and Vending</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>Physical Facilities</b>				
<b>Food Identification</b>				<b>Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used</b>					
		Food properly labeled; original container			<b>Warewashing facilities: installed, maintained, used; test strips used</b>				
<b>Prevention of Food Contamination</b>				<b>Nonfood-contact surfaces clean</b>					
		Insects, rodents, and animals not present			<b>Physical Facilities</b>				
		Contamination prevented during food preparation, storage and display			<b>Hot and cold water available; adequate pressure</b>				
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<b>Plumbing installed; proper backflow devices</b>				
		Wiping cloths: properly used and stored			<b>Sewage and wastewater properly disposed</b>				
		Fruits and vegetables washed before use			<b>Toilet facilities: properly constructed, supplied, cleaned</b>				
				<b>Garbage/refuse properly disposed; facilities maintained</b>					
				<b>Physical facilities installed, maintained, and clean</b>					

Person in Charge / Title: <i>Summer Cox</i>			Date: <i>1-12-2022</i>		
Inspector: <i>Edie Matern</i>	Telephone No: <i>515-083-2191</i>	EPHS No: <i>1081</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Follow-up Date: _____		



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

TIME IN 7:40	TIME OUT 10:15
PAGE 2 of 2	

ESTABLISHMENT NAME <i>Boothman's Best Nutrition</i>	ADDRESS <i>2807 W Hwy 80</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.		
	<i>none at this time</i>		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	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.		
	<i>none at this time</i>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Dumaine Cox</i>	Date: <i>1-12-2023</i>
Inspector: <i>Jodie Matcoun</i>	Telephone No.: <i>573-683-2191</i>
EPHS No.: <i>1681</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: