



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

TIME IN: 11:10      TIME OUT: 12:10  
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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>Charleston High School</u>		OWNER: _____		PERSON IN CHARGE: <u>Catrina</u>	
ADDRESS: <u>606 S. Phoebe</u>				COUNTY: <u>Mississippi</u>	
CITY/ZIP: <u>Charleston 63831</u>		PHONE: <u>683-3761</u>		FAX: _____	
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 checked="" type="checkbox"/> Routine <input 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 checked="" 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/A	Proper cooking, time and temperature		
		<b>Employee Health</b>				IN	OUT	N/A	Proper reheating procedures for hot holding		
IN	OUT	Management awareness; policy present				IN	OUT	N/A	Proper cooling time and temperatures		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/A	Proper hot holding temperatures		
		<b>Good Hygienic Practices</b>				IN	OUT	N/A	Proper cold holding temperatures		
IN	OUT	Proper eating, tasting, drinking or tobacco use				IN	OUT	N/A	Proper date marking and disposition		
IN	OUT	No discharge from eyes, nose and mouth				IN	OUT	N/A	Time as a public health control (procedures / records)		
		<b>Preventing Contamination by Hands</b>				IN	OUT	N/A	<b>Consumer Advisory</b>		
IN	OUT	Hands clean and properly washed							Consumer advisory provided for raw or undercooked food		
IN	OUT	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/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	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	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                      OUT = not in compliance N/A = not applicable                      N/O = not observed COS = Corrected On Site                      R = Repeat Item					
IN	OUT	Food separated and protected									
IN	OUT	Food-contact surfaces cleaned & sanitized									
IN	OUT	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
		Pasteurized eggs used where required				X		In-use utensils: properly stored			
		Water and ice from approved source				X		Utensils, equipment and linens: properly stored, dried, handled			
		<b>Food Temperature Control</b>				X		Single-use/single-service articles: properly stored, used			
		Adequate equipment for temperature control				X		Gloves used properly			
		Approved thawing methods used						<b>Utensils, Equipment and Vending</b>			
		Thermometers provided and accurate				X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		<b>Food Identification</b>				X		Warewashing facilities: installed, maintained, used; test strips used			
		Food properly labeled; original container					X	Nonfood-contact surfaces clean			
		<b>Prevention of Food Contamination</b>						<b>Physical Facilities</b>			
		Insects, rodents, and animals not present				X		Hot and cold water available; adequate pressure			
		Contamination prevented during food preparation, storage and display				X		Plumbing installed; proper backflow devices			
		Personal cleanliness: clean outer-clothing, hair restraint, fingernails and jewelry				X		Sewage and wastewater properly disposed			
		Wiping cloths: properly used and stored				X		Toilet facilities: properly constructed, supplied, cleaned			
		Fruits and vegetables washed before use				X	X	Garbage/refuse properly disposed; facilities maintained			
								Physical facilities installed, maintained, and clean			

Person in Charge / Title: <u>John Keenan</u>			Date: <u>5-1-2023</u>		
Inspector: <u>Jodie Mazur</u>		Telephone No. <u>315-683-2191</u>		EPHS No. <u>1681</u>	
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Follow-up Date: _____		



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ESTABLISHMENT NAME Charleston High School		ADDRESS 606 S. Thayer		CITY Charleston	ZIP 63834
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient Air/AA milk cooler		36°F	AA red warmer		141°F
AA 4 door cooler		34°F			
AA walk in cooler		41°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 (SOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
4-601.11	Dust build up on fan in kitchen	NRT	
6-202.15	Light visible under back door and it doesn't properly seal	NRT	
6-501.11	Floors have some build up and are not smooth and easily cleanable.	NRT	

EDUCATION PROVIDED OR COMMENTS  
 NRT - next routine inspection

Person in Charge / Title: Caitlin Weathers	Date: 5-1-2023
Inspector: Judge Matcovich	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. 573-783-2191	Follow-up Date:
EPHS No. 11081	