



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

TIME IN 10:20	TIME OUT 11:05
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: Charleston High School	OWNER:	PERSON IN CHARGE: Ashley Sledge
ADDRESS: 606 S. Thorn	CITY/ZIP: Charleston 63834	COUNTY: Mississippi
PHONE: 683-3761	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 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		
				Employee Health			
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		
				Good Hygienic Practices			
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		
				Preventing Contamination by Hands			
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			IN OUT N/O N/A	Time as a public health control (procedures / records)		
IN OUT	Adequate handwashing facilities supplied & accessible			Consumer Advisory			
				Highly Susceptible Populations:			
IN OUT	Food obtained from approved source			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O N/A	Food received at proper temperature			Chemical			
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Toxic substances properly identified, stored and used		
				Conformance with Approved Procedures			
IN OUT N/A	Food separated and protected			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Food-contact surfaces cleaned & sanitized			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 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		
				Food Temperature Control					
		Adequate equipment for temperature control					Single-use/single-service articles: properly stored, used		
		Approved thawing methods used					Gloves used properly		
		Thermometers provided and accurate			Utensils, Equipment and Vending				
				Food Identification					
		Food properly labeled; original container					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
				Prevention of Food Contamination					
		Insects, rodents, and animals not present					Warewashing facilities: installed, maintained, used; test strips used		
		Contamination prevented during food preparation, storage and display					Nonfood-contact surfaces clean		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			Physical Facilities				
		Wiping cloths: properly used and stored					Hot and cold water available; adequate pressure		
		Fruits and vegetables washed before use					Plumbing installed; proper backflow devices		
							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: Ashley Sledge	Telephone No. 573-683-2191	EPHS No. 11081	Date: 11-15-2021
Inspector: Dodie Marchant	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 10:20	TIME OUT 11:05
PAGE 2 of 2	

ESTABLISHMENT NAME Charleston High School		ADDRESS 606 S. Thorn		CITY Charleston	ZIP 63834
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient Air (AA) milk cooler		34°F	AA red warmer		152°F
AA 4-door cooler		39°F	AA 2 door true cooler		37°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 (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
	None at this time		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Ashley Sledge	Date: 11-15-2021
Inspector: Judge Matsum	Telephone No. 313-683-2191
EPHS No. 11081	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: