



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

TIME IN: 10:50 TIME OUT: 11:45
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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 Nutrition Center</u> | | OWNER: | PERSON IN CHARGE: | |
| ADDRESS: <u>205 W Commercial St</u> | | | COUNTY: <u>Mississippi</u> | |
| CITY/ZIP: <u>Charleston 63834</u> | PHONE: | 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 type="checkbox"/> SCHOOL <input checked="" 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 N/O N/A | | | |
| (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/A | | | |
| (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/A | | | |
| (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 | | | (IN) OUT N/O N/A | Consumer Advisory | | |
| Approved Source | | | | IN OUT N/A | | | |
| (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 | Highly Susceptible Populations | | |
| (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 | Chemical | | |
| Protection from Contamination | | | | IN OUT N/A | | | |
| (IN) OUT N/A | Food separated and protected | | | | Food additives: approved and properly used | | |
| (IN) OUT N/A | Food-contact surfaces cleaned & sanitized | | | | Toxic substances properly identified, stored and used | | |
| (IN) OUT N/O | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | Conformance with Approved Procedures | | |
| | | | | | Compliance with approved Specialized Process and HACCP plan | | |

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 | | | X | | Utensils, equipment and linens: properly stored, dried, handled | | |
| | | Food Temperature Control | | | X | | Single-use/single-service articles: properly stored, used | | |
| | | Adequate equipment for temperature control | | | X | | Gloves used properly | | |
| | | Approved thawing methods used | | | X | | Utensils, Equipment and Vending | | |
| | | Thermometers provided and accurate | | | X | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| | | Food Identification | | | X | | Warewashing facilities: installed, maintained, used; test strips used | | |
| | | Food properly labeled; original container | | | X | | Nonfood-contact surfaces clean | | |
| | | Prevention of Food Contamination | | | X | | Physical Facilities | | |
| | | 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 | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | X | | Physical facilities installed, maintained, and clean | | |

| | | | | |
|-----------------------------------------------------------------|-----------------------------------|----------------------|--------------------------------------------------------------------------------|--|
| Person in Charge / Title: <u>Sharon de M. Kelly Admin Asst.</u> | | | Date: <u>8-11-2021</u> | |
| Inspector: <u>Janie Marcum</u> | Telephone No. <u>573-683-2191</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 Nutrition Center | | ADDRESS 205 W Commercial | | CITY Charleston | ZIP 63834 |
| FOOD PRODUCT/LOCATION Ambient Air walk-in cooler | | TEMP. 37°F | FOOD PRODUCT/LOCATION | | TEMP. |
| Perlechnas/steamwell | | 140°F | | | |
| Carrots/steamwell | | 170°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 |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|
| 6-501.12(A) | Area around and under 3 bay sink and dish washer is soiled with debris. | NRI | |
| 6-501.12(A) | Floor of walk-in cooler has debris | NRI | |

EDUCATION PROVIDED OR COMMENTS
 NRI = next routine inspection

Person in Charge / Title: Shalonda Michelle Adams Asst. Date: 8-11-2021
 Inspector: Roderic Marcum Telephone No: 513-683-2191 EPHS No: 1681
 Follow-up: Yes No
 Follow-up Date: