



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

TIME IN: 2:00 TIME OUT: 2:23
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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: <u>Betty Olinke</u>		
ADDRESS: <u>205 W Commercial St</u>		COUNTY: <u>Mississippi</u>			
CITY/ZIP: <u>Charleston 63834</u>	PHONE: <u>663-6115</u>	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 type="checkbox"/> Routine <input checked="" 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
<u>IN</u> <u>OUT</u>	Person in charge present, demonstrates knowledge, and performs duties			<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Proper cooking, time and temperature		
	Employee Health			<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Proper reheating procedures for hot holding		
<u>IN</u> <u>OUT</u>	Management awareness; policy present			<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Proper cooling time and temperatures		
<u>IN</u> <u>OUT</u>	Proper use of reporting, restriction and exclusion			<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Proper hot holding temperatures		
	Good Hygienic Practices			<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Proper cold holding temperatures		
<u>IN</u> <u>OUT</u> <u>N/O</u>	Proper eating, tasting, drinking or tobacco use			<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Proper date marking and disposition		
<u>IN</u> <u>OUT</u> <u>N/O</u>	No discharge from eyes, nose and mouth			<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<u>IN</u> <u>OUT</u> <u>N/O</u>	Hands clean and properly washed			<u>IN</u> <u>OUT</u> <u>N/A</u>	Consumer advisory provided for raw or undercooked food		
<u>IN</u> <u>OUT</u> <u>N/O</u>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<u>IN</u> <u>OUT</u>	Adequate handwashing facilities supplied & accessible			<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<u>IN</u> <u>OUT</u>	Food obtained from approved source			<u>IN</u> <u>OUT</u> <u>N/A</u>	Food additives: approved and properly used		
<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Food received at proper temperature			<u>IN</u> <u>OUT</u>	Toxic substances properly identified, stored and used		
<u>IN</u> <u>OUT</u>	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<u>IN</u> <u>OUT</u> <u>N/O</u> <u>N/A</u>	Required records available: shellstock tags, parasite destruction			<u>IN</u> <u>OUT</u> <u>N/A</u>	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination			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			
<u>IN</u> <u>OUT</u> <u>N/A</u>	Food separated and protected						
<u>IN</u> <u>OUT</u> <u>N/A</u>	Food-contact surfaces cleaned & sanitized						
<u>IN</u> <u>OUT</u> <u>N/O</u>	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
<input checked="" type="checkbox"/>		Pasteurized eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Water and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>		Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Food properly labeled; original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: <u>Betty Olinke - Administrator</u>		Date: <u>7-19-19</u>	
Inspector: <u>Debbie Jodie Moran</u>	Telephone No. <u>573-770-1310</u>	EPHS No. <u>1126</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: <u>7-22-19</u>	



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ESTABLISHMENT NAME Charleston Nutrition Center	ADDRESS 205 W Commercial	CITY Charleston	ZIP 63834
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.

7-204.11	Quaternary Ammonia too strong	7-22	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.

6-501.11	Damaged floor tile by toilet in men's restroom		
6-203.4	No self closure on bathroom doors		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Debra C Oliver	Date: 7-19-19
Inspector: Barbara Jodie Moore	Telephone No. 513-730-7310
EPHS No. 1126	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Follow-up Date: 7-22-19	