



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

TIME IN 12:00	TIME OUT 12:50
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: Foxxy Koxxy	OWNER: Woodrow	PERSON IN CHARGE:
ADDRESS: 707 B Center St	CITY/ZIP: Charleston 63834	COUNTY: Mississippi
PHONE: 233-8093	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 checked="" 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

Pre-opening Routine Follow-up Complaint 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	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		
	Good Hygienic Practices			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)		
	Preventing Contamination by Hands				Consumer Advisory		
(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				Highly Susceptible Populations		
(IN) OUT	Adequate handwashing facilities supplied & accessible			(IN) OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
(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				Conformance with Approved Procedures		
(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		
	Protection from Contamination				The letter to the left of each item indicates that item's status at the time of the inspection.		
(IN) OUT N/A	Food separated and protected				IN = in compliance		
(IN) OUT N/A	Food-contact surfaces cleaned & sanitized				OUT = not in compliance		
(IN) OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				N/A = not applicable		
					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					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					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: [Signature]	Date: 6-26-2021
Inspector: Judie Matcum	Telephone No.: 513-683-2191
EPHS No.: 7681	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	12:00	TIME OUT	12:50
PAGE 2 of 2			

ESTABLISHMENT NAME	ADDRESS	CITY	ZIP
Foxy Rixy	107 BC Center St	Charleston	63834
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.
Ambient Air (AA) fridge	46°F		
AA cooler	38°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
4-601.1(C)	Outside of cooling equipment sealed	NRI	

EDUCATION PROVIDED OR COMMENTS

NRI = Next routine inspection

Person in Charge / Title:	Date:		
Inspector: Judie Marzen	513-683-2191	EPHS No. 71281	Date: 6-20-2024
Follow-up:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Follow-up Date:			