



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

TIME IN 10:30	TIME OUT 11:00
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: Freedom Burger & More	OWNER: Terence Gillospie	PERSON IN CHARGE: Erica Peterson
ADDRESS: 6938 US Hwy 16	COUNTY:	
CITY/ZIP: Howardville 63869	PHONE: 618-719-5380	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 type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input 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	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature				
OUT	Employee Health			OUT	Proper reheating procedures for hot holding				
IN	Management awareness; policy present			IN	Proper cooling time and temperatures				
OUT	Proper use of reporting, restriction and exclusion			OUT	Proper hot holding temperatures				
IN	Good Hygienic Practices			IN	Proper cold holding temperatures				
OUT	Proper eating, tasting, drinking or tobacco use			OUT	Proper date marking and disposition				
N/A	No discharge from eyes, nose and mouth			N/A	Time as a public health control (procedures / records)				
IN	Preventing Contamination by Hands			IN	Consumer Advisory				
OUT	Hands clean and properly washed			OUT	Consumer advisory provided for raw or undercooked food				
N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			N/A	Highly Susceptible Populations				
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered				
OUT	Approved Source			OUT	Chemical				
N/A	Food obtained from approved source			N/A	Food additives: approved and properly used				
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used				
OUT	Food in good condition, safe and unadulterated			OUT	Conformance with Approved Procedures				
N/A	Required records available: shellstock tags, parasite destruction			N/A	Compliance with approved Specialized Process and HACCP plan				
IN	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					
OUT	Food separated and protected								
N/A	Food-contact surfaces cleaned & sanitized								
IN	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			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: Erica Peterson	Date: 4-13-2023
Inspector: Jodi Moore	Telephone No.: 513-683-2191
EPHS No.: 1081	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



