



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

TIME IN: 2:00 PM TIME OUT: 3:30 PM
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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: SCOPES AND MORE	OWNER: FRANK BROWN	PERSON IN CHARGE: FRANK BROWN
ADDRESS: 172 COUNTY HWY. 430	CITY/ZIP: MORLEY 63771	COUNTY: NEW MADRID
PHONE: 573-580-9884	FAX: -	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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 type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input checked="" 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 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	OUT			IN	OUT N/O N/A		
	Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature		
	Employee Health						
IN	OUT			IN	OUT N/O N/A		
	Management awareness: policy present				Proper reheating procedures for hot holding		
IN	OUT			IN	OUT N/O N/A		
	Proper use of reporting, restriction and exclusion				Proper cooling time and temperatures		
	Good Hygienic Practices			IN	OUT N/A		
IN	OUT N/O				Proper hot holding temperatures		
	Proper eating, tasting, drinking or tobacco use			IN	OUT N/O N/A		
IN	OUT N/O				Proper cold holding temperatures		
	No discharge from eyes, nose and mouth			IN	OUT N/O (N/A)		
	Preventing Contamination by Hands				Proper date marking and disposition		
IN	OUT N/O				Time as a public health control (procedures / records)		
	Hands clean and properly washed			IN	OUT N/A		
	Approved Source				Consumer Advisory		
IN	OUT N/O				Consumer advisory provided for raw or undercooked food		
	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN	OUT			IN	OUT N/O (N/A)		
	Adequate handwashing facilities supplied & accessible				Pasteurized foods used, prohibited foods not offered		
	Chemical				Chemical		
IN	OUT			IN	OUT N/A		
	Food obtained from approved source				Food additives: approved and properly used		
IN	OUT N/O N/A			IN	OUT		
	Food received at proper temperature				Toxic substances properly identified, stored and used		
IN	OUT				Conformance with Approved Procedures		
IN	OUT N/O N/A			IN	OUT N/A		
	Food in good condition, safe and unadulterated				Compliance with approved Specialized Process and HACCP plan		
	Required records available: shellstock tags, parasite destruction						
	Protection from Contamination						
IN	OUT N/A						
	Food separated and protected						
IN	OUT N/A						
	Food-contact surfaces cleaned & sanitized						
IN	OUT N/O						
	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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
		Pasteurized eggs used where required					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled: original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: Frank Brown Date: 05-21-26
 Inspector: Jan W. Dafford Telephone No. 573-249-5541 EPHS No. 1124
 Follow-up: Yes No
 Follow-up Date: -



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FROZEN

ESTABLISHMENT NAME SCOOPS AND MORE		ADDRESS 172 COUNTY HWY. 430		CITY MORLEY	ZIP 63971
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
all 3 freezers			inside the trailer were frozen - around 10°F.		

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	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.		
	No priority items		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	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.		
	No core items		
Note - commissary kitchen is inspected by the Scott County Health Dept.			

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Frank Brown	Date: 05-21-26
Inspector: Jan Wofford	Telephone No. 573 748-5541
	EPHS No. 1124
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: -