



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

TIME IN 10:50 TIME OUT 11:55  
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: <i>McDonalds</i>	OWNER:	PERSON IN CHARGE:
ADDRESS: <i>2071 S. Main</i>	COUNTY: <i>Mississippi</i>	
CITY/ZIP: <i>Lincolnton 63834</i>	PHONE: <i>683-6060</i>	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 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 <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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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
<i>IN</i> / OUT	Person in charge present, demonstrates knowledge, and performs duties			<i>IN</i> / OUT / N/O / N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<i>IN</i> / OUT / N/O / N/A	Proper reheating procedures for hot holding		
<i>IN</i> / OUT	Management awareness; policy present			<i>IN</i> / OUT / N/O / N/A	Proper cooling time and temperatures		
<i>IN</i> / OUT	Proper use of reporting, restriction and exclusion			<i>IN</i> / OUT / N/O / N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<i>IN</i> / OUT / N/A	Proper cold holding temperatures		
<i>IN</i> / OUT / N/O	Proper eating, tasting, drinking or tobacco use			<i>IN</i> / OUT / N/O / N/A	Proper date marking and disposition		
<i>IN</i> / OUT / N/O	No discharge from eyes, nose and mouth			<i>IN</i> / OUT / N/O / N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<i>IN</i> / OUT / N/O	Hands clean and properly washed			<i>IN</i> / OUT / N/A	Consumer advisory provided for raw or undercooked food		
<i>IN</i> / OUT / N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<i>IN</i> / OUT	Adequate handwashing facilities supplied & accessible			<i>IN</i> / OUT / N/O / N/A	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>				<b>Chemical</b>		
<i>IN</i> / OUT	Food obtained from approved source			<i>IN</i> / OUT / N/A	Food additives: approved and properly used		
<i>IN</i> / OUT / N/O / N/A	Food received at proper temperature			<i>IN</i> / OUT	Toxic substances properly identified, stored and used		
<i>IN</i> / OUT	Food in good condition, safe and unadulterated				<b>Conformance with Approved Procedures</b>		
<i>IN</i> / OUT / N/O / N/A	Required records available: shellstock tags, parasite destruction			<i>IN</i> / OUT / N/A	Compliance with approved Specialized Process and HACCP plan		
	<b>Protection from Contamination</b>				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		
<i>IN</i> / OUT / N/A	Food separated and protected						
<i>IN</i> / OUT / N/A	Food-contact surfaces cleaned & sanitized						
<i>IN</i> / OUT / N/O	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
<i>X</i>		Pasteurized eggs used where required			<i>X</i>		In-use utensils: properly stored		
		Water and ice from approved source			<i>X</i>		Utensils, equipment and linens: properly stored, dried, handled		
		<b>Food Temperature Control</b>			<i>X</i>		Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control			<i>X</i>		Gloves used properly		
		Approved thawing methods used			<i>X</i>		<b>Utensils, Equipment and Vending</b>		
		Thermometers provided and accurate			<i>X</i>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		<b>Food Identification</b>			<i>X</i>		Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled; original container			<i>X</i>		Nonfood-contact surfaces clean		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
		Insects, rodents, and animals not present			<i>X</i>		Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display			<i>X</i>		Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<i>X</i>		Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored			<i>X</i>		Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use			<i>X</i>	<i>X</i>	Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Roger Ocker GM</i>	Date: <i>7-5-2022</i>
Inspector: <i>Judie Marzuman</i>	Telephone No. <i>513-683-2191</i>
EPHS No. <i>1681</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <i>7-26-2022</i>

*7-7-2022*



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PAGE 2		of 2	

ESTABLISHMENT NAME <i>McDonalds</i>		ADDRESS <i>2071 S. Main</i>		CITY <i>Charleston</i>	ZIP <i>63834</i>
FOOD PRODUCT/LOCATION <i>Ambient Air (AA) walk-in</i>		TEMP. <i>39°F</i>	FOOD PRODUCT/LOCATION		TEMP.
<i>AA cooler (hermetic air)</i>		<i>38°F</i>			

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
<i>4-601.11(A)</i>	<i>Mold build-up on kick plate of large ice machine by cashier window.</i>	<i>7-7</i>	
<i>4-601.11(A)</i>	<i>Mold on soda nozzles of the soda machine in lobby</i>	<i>7-7</i>	

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
<i>5-205.11</i>	<i>(B) Handsink in brick by 3 bay sink had container on it and should be used for handwashing only.</i>	<i>7-26</i>	
<i>6-501.18</i>	<i>Handwashing sink by office was dirty.</i>	<i>7-26</i>	
<i>6-501.11</i>	<i>Dirty floors in storage area, walk-in cooler and walk-in freezer.</i>	<i>7-26</i>	
<i>4-204.120</i>	<i>Ice build up in walk-in freezer</i>	<i>7-26</i>	
<i>4-601.11(A)</i>	<i>Outside of mist equipment in kitchen area is soiled and needs to be cleaned</i>	<i>7-26</i>	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Amy Carter GM</i>			Date: <i>7-5-2022</i>
Inspector: <i>Jodie Marum</i>	Telephone No.: <i>513-683-2191</i>	EPHS No.: <i>71681</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: <i>7-26-22</i>