



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

TIME IN: 1:30	TIME OUT: 4:20
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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: McDonald's		OWNER:		PERSON IN CHARGE:	
ADDRESS: 2071 S. Main				COUNTY: Mississippi	
CITY/ZIP: Mableton 63834		PHONE: 683-6060		FAX:	
ESTABLISHMENT TYPE		PHONE:		P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
<input checked="" 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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. _____				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		
IN OUT	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		
IN OUT	Good Hygienic Practices			IN OUT N/O 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)		
IN OUT N/O	Preventing Contamination by Hands			IN OUT N/A	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed				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		
IN OUT	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		
IN OUT N/A	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
X		Pasteurized eggs used where required			X		In-use utensils: properly stored		
X		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		
X	X	Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used			X		Utensils, Equipment and Vending		
X		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		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
		Prevention of Food Contamination			X		Physical Facilities		
X	X	Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X	X	Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge/Title: D. J. Hopper			Date: 7-29-2025		
Inspector: J. Lee Martinez		Telephone No. 573-291-2141		EPHS No. 1047	
		Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: 8-4-25	



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TIME IN 1:30	TIME OUT 7:20
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ESTABLISHMENT NAME McDonald's		ADDRESS 2071 S. Main		CITY Charleston	ZIP 63834
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient Air (AA) walk-in cooler		35°F	meat chicken / hot holding tray		145°F
AA mecate cooler 2		40°F			
AA mecate cooler 1		45°F			
AA kitchen reach-in cooler		60°F			
Milk / milk dispenser		37°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)
4-601.11(A)	moldy soda nozzles and ice dispenser on soda machine in lobby				8-4 SM
4-601.11(A)	mold in ice machine on kick plate. (Ice is being discarded)				8-4 SM
3-701.11	In the walk-in freezer open box of pies were observed adulterated with ice accumulation				8-11 SM
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)
6-501.11	Build up along edges of floors in kitchen area and floors are soiled throughout establishment.				8-19 SM
4-204.180	Ice build up in walk-in freezer.				8-19 SM
3-302.11(A)	4 Open bags of food in walk-in freezer				8-19 SS
4-501.11(B)	Door on kitchen reach-in cooler doesn't properly seal and exterior door to walk-in freezer not properly sealed				8-19 SM
6-501.18	Dirty handsink by french fry dryer				8-19 SM
5-205.15(B)	Handsink by grill leaking and 3-bay sink faucet leaking				8-19 SM
Note: Manager stated a work order has been put in for both sinks. Handsink by lemonade machine not working properly.					
4-601.11(C)	Outside of fryers, coolers, and other equipment is soiled				8-19 SM
5-501.13(B)	Dumpster lid wire left open (OS)				8-19 S
4-601.11(C)	Dust on fan in floor of kitchen by back handsink				8-19 SM
4-501.18	3 bay sink was dirty and not properly labeled with wash, rinse, and sanitize				8-19 SM

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: S. Mobley

Date: 7-29-2025

Inspector: Julie Marcum

Telephone No. 573-183-2191

EPHS No. 11181

Follow-up: ☒ Yes ☐ No

Follow-up Date: 8-4-25+

MO 580-1614 (11-14)

DISTRIBUTION: WHITE - OWNER'S COPY

CANARY - FILE COPY

8-19-25 E8.37A

573-291-9047 1847



TIME IN 1:30	TIME OUT 4:20
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ESTABLISHMENT NAME McDonald's		ADDRESS 2071 S. Main		CITY Charleston	ZIP 63834
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.

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
4-501.114	The mechanical dish machine was showing over 500ppm for Quat sanitizer. Facility is to hand wash in the three compartment sinks until EcoLab is able to come and service.	8/14	SM
NOTE:	Educated the manager on proper Quat test stripes and mixing Quat sanitizer to 200ppm. When first mixed the Quat was over 500ppm.		
5-202.13	The Spray nozzle of the three compartment sink faucet is hanging below the flood rim. No air gap is not present.	8/14	SM
4-601.11(A)	Dishes stored with clean dishes while still soiled with food like debris.	8/5	SM
6-501.11	In the women's bathroom behind the door, spider web was observed in the corner near ceiling.	8/14	SM
3-501.16(A)(2)	Pickles, sliced tomatoes, lettuce, sliced onions, and cheese was voluntarily discarded that was stored in the "Kitchen Beach in cooler" food was prepped at 11:00AM and all had an internal temperature of 60.0°F	8/5	SM

[illegible]

EDUCATION PROVIDED OR COMMENTS	

Person in Charge /Title: <i>S. Mosley</i>		Date: <i>7-29-2025</i>
Inspector: <i>Edie Marcell</i>	Telephone No. <i>513-483-2411</i>	EPHS No. <i>1681</i>
		Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <i>8-4-25</i>