



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

TIME IN 8:30am TIME OUT 8:50am
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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 CESSION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <i>Sugar Rush Sweets LLC</i>	OWNER: <i>Amanda Clark</i>	PERSON IN CHARGE: <i>Amanda Clark</i>
ADDRESS: <i>270 Margaret St</i>		COUNTY: <i>Mississippi</i>
CITY/ZIP: <i>East Prairie 63845</i>	PHONE: <i>573-690-2030</i>	FAX: _____
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 type="checkbox"/> MOBILE VENDORS		
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. <i>N/A</i>	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" 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	
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature	
	Employee Health			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding	
IN OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures	
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures	
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures	
IN OUT <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition	
IN OUT <input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)	
	Preventing Contamination by Hands				Consumer Advisory	
IN OUT <input checked="" type="checkbox"/>	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food	
IN OUT <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/> 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 N/A = not applicable COS = Corrected On Site		
IN OUT <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized			OUT = not in compliance N/O = not observed R = Repeat Item		
IN OUT <input checked="" type="checkbox"/> 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
		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		
X		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
X		Contamination prevented during food preparation, storage and display					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					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: <i>Amanda Clark</i>	Date: <i>1-5-2014</i>		
Inspector: <i>Natalie Brown</i>	Telephone No. <i>573-663-2191</i>	EPHS No. <i>1450</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date: <i>1-5-2014</i>



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EDUCATION PROVIDED OR COMMENTS

No longer freeze drying bananas & pickles. Will contact DHSS when wanting to continue.

Gray water now tied into home on file Sewage Sy stem.
Person in Charge /Title:

Person in Charge /Title:

Person in Charge / Title: Amberla Clancy
Inspector: Amberla Clancy

Date: 1-5-2024

Inspector: John K. Johnson

Telephone No. 513 6003 2191

EPHS No. 145