



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

TIME IN 8:45 am	TIME OUT 9:40 am
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 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>210 Margaret St</i>		COUNTY: <i>Missouri</i>
CITY/ZIP: <i>Kane Prairie 63845</i>	PHONE: <i>573-690-2030</i>	FAX: _____
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> RESTAURANT <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 License No. <i>1414</i>	SEWAGE DISPOSAL <input 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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	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 N/O	Good Hygienic Practices			IN OUT 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)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	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		
	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		
	Protection from Contamination						
IN OUT N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the time of the inspection.		
IN OUT N/A	Food-contact surfaces cleaned and sanitized				IN = in compliance	OUT = not in compliance	
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				N/A = not applicable	N/O = not observed	

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: <i>Amanda Clark</i>	Date: <i>12-29-2025</i>		
Inspector: <i>William Johnson</i>	Telephone No. <i>573-1083-2191</i>	EPHS No. <i>1450</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: <i>1-5-2026</i>



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Date: 12-29-25

Inspector William G. Evans

Inspector: Nettie Gervais Telephone No. 573-1083-2191 EPHS No. 1450 Follow-up: Yes No
Follow-up Date: 10/10/2013

Telephone No. 573-1083-2191

EPHS No. 450

Follow-up: Yes No