



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

TIME IN	TIME OUT
11:55am	1:00pm
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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: <u>Tastars</u>	OWNER: <u>Lana</u>	PERSON IN CHARGE: <u>Dobbie</u>
ADDRESS: <u>720 N. Martin</u>		COUNTY: <u>Mississippi</u>
CITY/ZIP: <u>East Prairie 63845</u>	PHONE: <u>573 649 5452</u>	FAX: _____
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input 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"/> MOBILE VENDORS	
<input checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> TAVERN	<input type="checkbox"/> TEMP. FOOD		
PURPOSE							
<input type="checkbox"/> Pre-opening	<input 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. <u>NA</u>	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 _____
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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
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cooking, time and temperature		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Employee Health			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Management awareness; policy present			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cooling time and temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper hot holding temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Good Hygienic Practices			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper cold holding temperatures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper eating, tasting, drinking or tobacco use			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Proper date marking and disposition		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	No discharge from eyes, nose and mouth			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Time as a public health control (procedures/records)		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Preventing Contamination by Hands			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer Advisory		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Hands clean and properly washed			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Highly Susceptible Populations		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Approved Source			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Chemical		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food obtained from approved source			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food additives: approved and properly used		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food received at proper temperature			<input checked="" type="radio"/> IN <input type="radio"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="radio"/> IN <input type="radio"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Conformance with Approved Procedures		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Protection from Contamination			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			
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food separated and protected	X					
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	Food-contact surfaces cleaned and sanitized						
<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A	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
<input checked="" type="radio"/> X		Pasteurized eggs used where required			<input checked="" type="radio"/> X		In-use utensils: properly stored		
<input checked="" type="radio"/> X		Water and ice from approved source			<input checked="" type="radio"/> X		Utensils, equipment and linens: properly stored, dried, handled		
<input checked="" type="radio"/> X		Food Temperature Control			<input checked="" type="radio"/> X		Single-use/single-service articles: properly stored, used		
<input checked="" type="radio"/> X		Adequate equipment for temperature control			<input checked="" type="radio"/> X		Gloves used properly		
<input checked="" type="radio"/> X		Approved thawing methods used			<input checked="" type="radio"/> X		Utensils, Equipment and Vending		
<input checked="" type="radio"/> X		Thermometers provided and accurate			<input checked="" type="radio"/> X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="radio"/> X		Food Identification			<input checked="" type="radio"/> X		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="radio"/> X		Food properly labeled; original container			<input checked="" type="radio"/> X		Nonfood-contact surfaces clean		
<input checked="" type="radio"/> X		Prevention of Food Contamination			<input checked="" type="radio"/> X		Physical Facilities		
<input checked="" type="radio"/> X		Insects, rodents, and animals not present			<input checked="" type="radio"/> X		Hot and cold water available; adequate pressure		
<input checked="" type="radio"/> X	<input checked="" type="radio"/> X	Contamination prevented during food preparation, storage and display			<input checked="" type="radio"/> X		Plumbing installed; proper backflow devices		
<input checked="" type="radio"/> X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="radio"/> X		Sewage and wastewater properly disposed		
<input checked="" type="radio"/> X		Wiping cloths: properly used and stored			<input checked="" type="radio"/> X		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="radio"/> X		Fruits and vegetables washed before use			<input checked="" type="radio"/> X		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="radio"/> X		Physical facilities installed, maintained, and clean		

Person in Charge /Title: <u>Debra Brown</u>	Date: <u>12.22.25</u>
Inspector: <u>Nathalie Doreau</u>	Telephone No. <u>573 683 2191</u>
EPHS No. <u>1450</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date: _____	



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C.O.S. - Corrected on file

TIME IN 11:45am	TIME OUT 1:00pm
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ESTABLISHMENT NAME Tasters		ADDRESS 720 N. Martin		CITY East Prairie	ZIP 63845	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.	
Ambient Air / Walk-in Cooler		36°F	Ambient Air / Pizza Prep Table Bottom		39°F	
Deli Ham / Walk-in Cooler		37°F	Sausage Balls / Pizza Prep Table Bottom		38°F	
White Gravy / Walk-in Cooler		38°F	Chili - Cooking Temp (still cooking)		117°F	
Ham / Pizza Prep Table Top		37°F	Sliced tomatoes / Prep Table Top @ grill		33°F	
Pizza Sauce / Pizza Prep Table Top		36°F	Ambient Air / Prep Table Bottom @ grill		38°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)	Initial
3-302.11	Raw bacon over tomatoes in walk-in cooler * Corrected on file - moved to paper storage order				C.O.S.	DB
3-302.11	Raw ground beef over Ranch dressing in prep table bottom at the grill area. * Corrected on file - moved to paper storage order				C.O.S.	DB
4-703.11	Sanitizer bucket at front counter is greater than 200 ppm. * Corrected on file - adjusted to proper concentration				C.O.S.	DB
* Additional Temperatures *						
Hamburger / Cooking Temperature 183°F +						
Vanilla mix / Ice Cream Mopper 38°F						
Ambient Air / Front Reach-in Cooler 40°F						
Whipped Cream / Front Reach-in Cooler 41°F						
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
4-601.11	Pizza prep table has old food debris up under the lid.				12/20/16	
4-602.13	All equipment in Kitchen/Prep area is sealed on the outside with debris.				12/20/16	
4-601.11	Food containers next to pizza station on shelves are sealed with Plur on the outside.				12/20/16	
4-601.17	Wooden shelves have peeling/chipped paint throughout.				12/20/16	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: **Debra Brown**

Date: **12/21/2015**

Inspector: **Natalia Wimmer**

Telephone No. **573.683.2191**

EPHS No. **1450**

Follow-up: ☐ Yes ☒ No
Follow-up Date: _____