



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

TIME IN: 10:00 TIME OUT: 10:30
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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: Wade's Pit OWNER: Eric + Sorina Wade PERSON IN CHARGE: _____
 ADDRESS: 116 Plake COUNTY: Scott
 CITY/ZIP: Spokane 63801 PHONE: 858-4107 FAX: _____ P.H. PRIORITY: H M L
 ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION
 RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS
 PURPOSE
 Pre-opening Routine Follow-up Complaint Other
 FROZEN DESSERT Approved Disapproved Not Applicable License No. _____
 SEWAGE DISPOSAL PUBLIC PRIVATE
 WATER SUPPLY COMMUNITY NON-COMMUNITY 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	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature				
OUT	Employee Health			OUT	Proper reheating procedures for hot holding				
IN	Management awareness; policy present			IN	Proper cooling time and temperatures				
IN	Proper use of reporting, restriction and exclusion			OUT	Proper hot holding temperatures				
IN	Good Hygienic Practices			IN	Proper cold holding temperatures				
IN	Proper eating, tasting, drinking or tobacco use			OUT	Proper date marking and disposition				
IN	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)				
IN	Preventing Contamination by Hands			IN	Consumer Advisory				
OUT	Hands clean and properly washed			OUT	Consumer advisory provided for raw or undercooked food				
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	Highly Susceptible Populations				
IN	Adequate handwashing facilities supplied & accessible			OUT	Pasteurized foods used, prohibited foods not offered				
IN	Approved Source			IN	Chemical				
OUT	Food obtained from approved source			OUT	Food additives: approved and properly used				
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used				
IN	Food in good condition, safe and unadulterated			IN	Conformance with Approved Procedures				
IN	Required records available: shellstock tags, parasite destruction			OUT	Compliance with approved Specialized Process and HACCP plan				
IN	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection.					
IN	Food separated and protected			IN = in compliance OUT = not in compliance					
IN	Food-contact surfaces cleaned & sanitized			N/A = not applicable N/O = not observed					
IN	Proper disposition of returned, previously served, reconditioned, and unsafe food			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		
		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: Eric Wade Date: 4-13-2023
 Inspector: Eric Matsum Telephone No. 515-683-2191 EPHS No. 681
 Follow-up: Yes No
 Follow-up Date: _____



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ESTABLISHMENT NAME Wade on H	ADDRESS 110 Plake	CITY Sikeston	ZIP 63801
FOOD PRODUCT/LOCATION Ambient Air Frig/direct	TEMP. 40°F	FOOD PRODUCT/LOCATION	TEMP.
AA combro	111°F		
AA warming cooler	125°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
	none at this time		

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
	none at this time		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Fred Wade</i>	Date: <i>4-13-2023</i>
Inspector: <i>Godie Matzura</i>	Telephone No. <i>913-6379</i> EPHS No. <i>1081</i>
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: