



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

TIME IN: 1:30    TIME OUT: 2:35  
 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 CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: <u>Waffle + Pancake House</u>		OWNER:	PERSON IN CHARGE: <u>Juan</u>		
ADDRESS: <u>11 Truman St</u>			COUNTY: <u>Mississippi</u>		
CITY/ZIP: <u>Charleston 63834</u>	PHONE: <u>683-4841</u>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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 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 type="checkbox"/> Routine <input checked="" 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 checked="" type="checkbox"/> Not Applicable License No. _____		<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<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/A N/A	Proper cooking, time and temperature		
<b>Employee Health</b>							
IN/OUT	Management awareness; policy present			IN OUT N/A N/A	Proper reheating procedures for hot holding		
IN/OUT	Proper use of reporting, restriction and exclusion			IN OUT N/A N/A	Proper cooling time and temperatures		
<b>Good Hygienic Practices</b>							
IN/OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/A N/A	Proper hot holding temperatures		
IN/OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/A N/A	Proper cold holding temperatures		
<b>Preventing Contamination by Hands</b>							
IN/OUT N/O	Hands clean and properly washed			IN OUT N/A	Proper date marking and disposition		
IN/OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/A N/A	Time as a public health control (procedures / records)		
IN/OUT	Adequate handwashing facilities supplied & accessible			<b>Consumer Advisory</b>			
<b>Approved Source</b>							
IN/OUT	Food obtained from approved source			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN/OUT N/O N/A	Food received at proper temperature			IN OUT	<b>Highly Susceptible Populations</b>		
IN/OUT	Food in good condition, safe and unadulterated			IN OUT N/A N/A	Pasteurized foods used, prohibited foods not offered		
IN/OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	<b>Chemical</b>		
<b>Protection from Contamination</b>							
IN/OUT N/A	Food separated and protected			IN OUT	Food additives: approved and properly used		
IN/OUT N/A	Food-contact surfaces cleaned & sanitized			IN OUT	Toxic substances properly identified, stored and used		
IN/OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT N/A	<b>Conformance with Approved Procedures</b>		
				IN OUT	Compliance with approved Specialized Process and HACCP plan		

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		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
<b>Food Temperature Control</b>									
		Adequate equipment for temperature control					Single-use/single-service articles: properly stored, used		
		Approved thawing methods used					Gloves used properly		
		Thermometers provided and accurate			<b>Utensils, Equipment and Vending</b>				
<b>Food Identification</b>									
		Food properly labeled; original container					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Prevention of Food Contamination</b>									
		Insects, rodents, and animals not present					Warewashing facilities: installed, maintained, used; test strips used		
		Contamination prevented during food preparation, storage and display					Nonfood-contact surfaces clean		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<b>Physical Facilities</b>				
		Wiping cloths: properly used and stored					Hot and cold water available; adequate pressure		
		Fruits and vegetables washed before use					Plumbing installed; proper backflow devices		
							Sewage and wastewater properly disposed		
							Toilet facilities: properly constructed, supplied, cleaned		
							Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <u>Juan M</u>			Date: <u>1-9-2020</u>		
Inspector: <u>James Moore</u>	Telephone No. <u>573-683-2191</u>	EPHS No. <u>1681</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Follow-up Date: _____					



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

TIME IN 1:50	TIME OUT 2:35
PAGE 2 of 2	

ESTABLISHMENT NAME Waffle & Pancake House	ADDRESS 11 Truman St.	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 illnesses or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
	All items corrected none @ 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 (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
	None @ this time		

EDUCATION PROVIDED OR COMMENTS			

Person in Charge / Title: Jordan M	Date: 1-9-2020
Inspector: Dodie M	Telephone No.: 573-683-2191
EPHS No.: 11081	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: