



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

TIME IN: 1:45 TIME OUT: 2:30  
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: Houseman's Fish Market OWNER: \_\_\_\_\_ PERSON IN CHARGE: \_\_\_\_\_  
 ADDRESS: 405 W Marshall COUNTY: Missouri  
 CITY/ZIP: Charleston 63834 PHONE: 683-0039 FAX: \_\_\_\_\_ P.H. PRIORITY:  H  M  L  
 ESTABLISHMENT TYPE  
 BAKERY  C. STORE  CATERER  DELI  GROCERY STORE  INSTITUTION  Other  
 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 OUT         | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | IN OUT N/O N/A | Proper cooking, time and temperature   |     |   |
|                | <b>Employee Health</b>  |     |   | 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  |     |   |
|                | <b>Good Hygienic Practices</b>  |     |   | 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)   |     |   |
|                | <b>Preventing Contamination by Hands</b>  |     |   |                | <b>Consumer Advisory</b>   |     |   |
| 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 |     |   |                | <b>Highly Susceptible Populations</b>  |     |   |
| IN OUT         | Adequate handwashing facilities supplied & accessible                                       |     |   | IN OUT N/O N/A | Pasteurized foods used, prohibited foods not offered   |     |   |
|                | <b>Approved Source</b>  |     |   |                | <b>Chemical</b>  |     |   |
| 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  |     |   |                | <b>Conformance with Approved Procedures</b>  |     |   |
| 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  |     |   |
|                | <b>Protection from Contamination</b>  |     |   |                | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>COS = Corrected On Site      R = Repeat Item |     |   |
| IN OUT N/A     | Food separated and protected  |     |   |                |  |     |   |
| IN OUT N/A     | Food-contact surfaces cleaned & sanitized   |     |   |                |  |     |   |
| IN OUT 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 |
|----|-----|---|-----|---|----|-----|---|-----|---|
| X  |     | Pasteurized eggs used where required  |     |   | X  |     | In-use utensils: properly stored  |     |   |
|    |     | Water and ice from approved source  |     |   | X  |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|    |     | <b>Food Temperature Control</b>   |     |   | X  |     | Single-use/single-service articles: properly stored, used                             |     |   |
|    |     | Adequate equipment for temperature control  |     |   | X  |     | Gloves used properly  |     |   |
|    |     | Approved thawing methods used   |     |   |    | X   | <b>Utensils, Equipment and Vending</b>  |     |   |
|    |     | Thermometers provided and accurate  |     |   |    | X   | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|    |     | <b>Food Identification</b>  |     |   | X  |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
|    |     | Food properly labeled, original container   |     |   | X  |     | Nonfood-contact surfaces clean  |     |   |
|    |     | <b>Prevention of Food Contamination</b>   |     |   |    |     | <b>Physical Facilities</b>  |     |   |
|    |     | Insects, rodents, and animals not present   |     |   | X  |     | Hot and cold water available; adequate pressure                                       |     |   |
|    |     | Contamination prevented during food preparation, storage and display                |     |   | X  |     | 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   |     |   | X  | X   | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
|    |     | Fruits and vegetables washed before use   |     |   | X  |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|    |     |   |     |   | X  |     | Physical facilities installed, maintained, and clean                                  |     |   |

Person in Charge / Title: \_\_\_\_\_ Date: 7-16-2001  
 Inspector: Judith Marcum Telephone No. 513-683-2191 EPHS No. 11081  
 Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_



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TIME IN 1:45      TIME OUT 2:30  
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|  |       |                           |       |                    |              |
|--|-------|---------------------------|-------|--------------------|--------------|
| ESTABLISHMENT NAME<br>Houseman's Fish Market |       | ADDRESS<br>405 W Marshall |       | CITY<br>Charleston | ZIP<br>63834 |
| FOOD PRODUCT/LOCATION                        | TEMP. | FOOD PRODUCT/LOCATION     | TEMP. |                    |              |
|  |       |                           |       |                    |              |
|  |       |                           |       |                    |              |
|  |       |                           |       |                    |              |
|  |       |                           |       |                    |              |
|  |       |                           |       |                    |              |

| Code Reference | PRIORITY ITEMS<br><small>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.</small> | Correct by (date) | Initial |
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| Code Reference | CORE ITEMS<br><small>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.</small> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
| 2-301.12(c)    | No paper towels in restroom   |                   | NRI     |
| 3-304.11       | Mold on kick plate in ice machine   |                   | NRI     |
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EDUCATION PROVIDED OR COMMENTS

NRI = next routine inspection

|   |  |
|---|--|
| Person in Charge / Title:<br>Michael Houseman | Date:<br>7-16-2021   |
| Inspector:<br>Chris Marcum                    | Telephone No. 575-463-2111      EPHS No. 1681<br>Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: |