



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

TIME IN 12:01pm	TIME OUT 1:30pm
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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: <i>Prairie Queen</i>	OWNER: <i>George White</i>	PERSON IN CHARGE: <i>George</i>
ADDRESS: <i>115 E. Prairie</i>	CITY/ZIP: <i>East Prairie</i>	PHONE: <i>649-7465</i>
FAX: _____		COUNTY: <i>Mississippi</i>
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 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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. <i>133-14702</i>	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 _____

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	Management awareness; policy present			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper cooling time and temperatures		
Good Hygienic Practices							
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/A	Proper hot holding temperatures		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Proper cold holding temperatures		
Preventing Contamination by Hands							
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/O N/A	Time as a public health control (procedures / records)		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Consumer Advisory		
Approved Source							
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	Highly Susceptible Populations		
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Chemical		
Protection from Contamination							
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	Conformance with Approved Procedures		
				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			
		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												
		Adequate equipment for temperature control					Single-use/single-service articles: properly stored, used					
		Approved thawing methods used					Gloves used properly					
		Thermometers provided and accurate			Utensils, Equipment and Vending							
							Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					
Food Identification												
		Food properly labeled; original container					Warewashing facilities: installed, maintained, used; test strips used					
Prevention of Food Contamination												
		Insects, rodents, and animals not present					Nonfood-contact surfaces clean					
		Contamination prevented during food preparation, storage and display			Physical Facilities							
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Hot and cold water available; adequate pressure					
		Wiping cloths: properly used and stored					Plumbing installed; proper backflow devices					
		Fruits and vegetables washed before use					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: <i>George White</i>	Date: <i>11-27-17</i>
Inspector: <i>[Signature]</i>	Telephone No.: <i>649-7191</i>
EPHS No.: <i>1209</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____



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ESTABLISHMENT NAME <i>Prince Queen</i>	ADDRESS <i>115 E. Pine St</i>	CITY <i>East Prairie</i>	ZIP <i>65845</i>
FOOD PRODUCT/LOCATION <i>Ambient / (Saturn) Mashed Potatoes</i>	TEMP. <i>42°F</i>	FOOD PRODUCT/LOCATION <i>Ambient / (Saturn)</i>	TEMP. <i>41°F</i>
<i>Milk / Refrigerator</i>	<i>40°F</i>	<i>Chili / Hot hold</i>	<i>145°F</i>
<i>Green beans / Hot hold</i>	<i>145°F</i>		
<i>Carrots / Hot hold</i>	<i>158°F</i>		
<i>Ice Cream Mix / Hobart</i>	<i>41°F</i>		

Code Reference	PRIORITY ITEMS <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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	<i>None @ this time</i>		

Code Reference	CORE ITEMS <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
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	<i>None @ this time</i>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>George Weale</i>	Date: <i>11-27-17</i>						
Inspector: <i>W. J. Work</i>	<table border="1"> <tr> <td>Telephone No. <i>685-2191</i></td> <td>EPHS No. <i>1203</i></td> <td>Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td></td> <td></td> <td>Follow-up Date: <i>X</i></td> </tr> </table>	Telephone No. <i>685-2191</i>	EPHS No. <i>1203</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Follow-up Date: <i>X</i>
Telephone No. <i>685-2191</i>	EPHS No. <i>1203</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Follow-up Date: <i>X</i>					