



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

TIME IN 11:15	TIME OUT 12:05
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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>The Glenn</i>	OWNER: <i>Adam Glenn</i>	PERSON IN CHARGE:
ADDRESS: <i>2460 S Hwy 105</i>		COUNTY: <i>Mississippi</i>
CITY/ZIP: <i>Waverly 63834</i>	PHONE: <i>421-0090</i>	FAX:
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input checked="" type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	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		
	<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>			IN/OUT N/A	<b>Consumer Advisory</b>		
IN/OUT N/O	Hands clean and properly washed				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>			IN/OUT N/A	<b>Chemical</b>		
IN/OUT	Food obtained from approved source			IN/OUT	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. IN = in compliance      OUT = not in compliance N/A = not applicable      N/O = not observed 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>			X		<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		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: <i>Anna Lewis</i>	Date: <i>2-2-2021</i>
Inspector: <i>Jodie Marc</i>	Telephone No.: <i>513-683-2191</i>
EPHS No.: <i>11681</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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ESTABLISHMENT NAME The Glenn		ADDRESS 2460 S Hwy 105		CITY Charleston	ZIP 63834
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient Air (AA) walk-in cooler		35°F	Tomatoes / True Milkline cooler		40°F
AA True glass cooler		35°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.**

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
4-601.11A	Mold on deflector plate in ice machine	2-5	

**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.**

Code Reference	CORE ITEMS	Correct by (date)	Initial
4-204.120	Ice build-up in white deep freezer and left stand up upright ice freezer in back storage area.	NRI	
6-301.12	No paper towels at hand sink in kitchen area	NRI	

**EDUCATION PROVIDED OR COMMENTS**  
Discussed date marking, NRI = next routine inspection

Person in Charge / Title: Anna Reup      Date: 2-2-2021  
Inspector: Judie Marzce      Telephone No. 573-683-2191      EPHS No. 1681  
Follow-up:       Yes       No  
Follow-up Date: