



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

DATE 03/23/2017	Page 1 of 3
TIME IN 10:43 AM	TIME OUT 11:56 AM

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 Houston House		OWNER Newburg Community Group	PERSON IN CHARGE Linda Hance	
ADDRESS 101 East 1st Street		ESTABLISHMENT LICENSE NO.	COUNTY Phelps	REGION I
CITY/ZIP CODE Newburg 65401	TELEPHONE NUMBER (573) 762-3972	FAX NUMBER	SEWAGE DISPOSAL Public	P.H. PRIORITY H

WATER SUPPLY Community	Date Sampled: N/A	Result: N/A	FROZEN DESSERT N/A	Expires: N/A	License Number: N/A
---------------------------	-------------------	-------------	-----------------------	--------------	---------------------

ESTABLISHMENT TYPE						PURPOSE Routine
<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"/> Summer F.P.	<input type="checkbox"/> Tavern	<input type="checkbox"/> Temporary	

FOOD PRODUCT	TEMP. (°F)	LOCATION	FOOD PRODUCT	TEMP. (°F)	LOCATION
Ambient Air	38	True Two Door R/I	Ambient Air	39	Whirlpool Refrigerator
Ambient Air	39	Magic Chef			
Red Bean Soup	149	Hot Hold			
Potato Soup	146	Hot Hold			

RISK FACTORS AND INTERVENTIONS

Management and Personnel

In Compliance	2-1 Supervision
In Compliance	2-2 Employee Health
In Compliance	2-3 Personal Cleanliness
In Compliance	2-4 Hygienic Practices

Food

In Compliance	3-1 Characteristics
In Compliance	3-2 Sources, Specifications, and Original Containers and Records
Not In Compliance	3-3 Protection From Contamination After Receiving <u>Core</u> <i>Improper storage of ice scoop; ice bucket.</i> 3-304.12 During pauses in food preparation or dispensing, utensils being used shall be stored to prevent contamination. Correct By: Corrected On-site
In Compliance	3-4 Destruction Of Organisms Of Public Health Concern
Not In Compliance	3-5 Limitation Of Growth Of Organisms Of Public Health Concern <u>Priority</u> <i>Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food in the all refrigerators.</i> 3-501.17 Ready-to-eat, potentially hazardous food prepared on the premise or commercially processed shall be date marked to show when the food was prepared, or opened, frozen, or thawed to indicate the date by which the food shall be consumed. Correct By: Corrected On-site
In Compliance	3-6 Food Identity, Presentation, and On-Premises Labeling
In Compliance	3-7 Contaminated Food
Not Applicable	3-8 Special Requirements for Highly Susceptible Populations

Equipment, Utensils, and Linens

In Compliance	4-1 Materials For Construction and Repair
In Compliance	4-2 Design and Construction



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

DATE 03/23/2017	Page 2 of 3
TIME IN 10:43 AM	TIME OUT 11:56 AM

ESTABLISHMENT NAME Houston House	ADDRESS 101 East 1st Street	CITY/ZIP CODE Newburg 65401
-------------------------------------	--------------------------------	--------------------------------

RISK FACTORS AND INTERVENTIONS

Equipment, Utensils, and Linens

In Compliance	4-3 Numbers and Practices
In Compliance	4-4 Location and Installation
In Compliance	4-5 Maintenance and Operation
In Compliance	4-6 Cleaning Of Equipment and Utensils
In Compliance	4-7 Sanitization Of Equipment and Utensils
Not Applicable	4-8 Laundering
In Compliance	4-9 Protection Of Clean Items

Water, Plumbing, and Waste

In Compliance	5-1 Water
In Compliance	5-2 Plumbing System
Not Applicable	5-3 Mobile Water Tank and Mobile Food Establishment Water Tank
In Compliance	5-4 Sewage, Other Liquid Waste, and Rainwater
In Compliance	5-5 Refuse, Recyclables, and Returnables

Physical Facilities

In Compliance	6-1 Materials For Construction and Repair
Not In Compliance	6-2 Design, Construction, and Installation Core <i>Restroom door not self-closing.</i> 6-202.14 A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door. Correct By: Next Regular Inspection
In Compliance	6-3 Numbers and Capacities
In Compliance	6-4 Location and Placement
In Compliance	6-5 Maintenance and Operation

Poisonous or Toxic Materials

In Compliance	7-1 Labeling and Identification
In Compliance	7-2 Operational Supplies and Applications
Not Applicable	7-3 Stock and Retail Sale

Compliance and Enforcement

Not Applicable	8-1 Modifications
Not Applicable	8-2 HACCP Plan
Not Applicable	8-3 Qualifications and Responsibilities
Not Applicable	8-4 Ceasing Operations and Reporting



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

DATE 03/23/2017	Page 3 of 3
TIME IN 10:43 AM	TIME OUT 11:56 AM

ESTABLISHMENT NAME Houston House	ADDRESS 101 East 1st Street	CITY/ZIP CODE Newburg 65401
-------------------------------------	--------------------------------	--------------------------------

RISK FACTORS AND INTERVENTIONS

(This section is currently blank for risk factors and interventions.)

ACKNOWLEDGEMENT OF CRITICAL AND NON CRITICAL ITEMS

By initialing here you, as the person in charge, acknowledge the following:
 I am receiving the inspection report based on today's inspection, this inspection denoted 1 priority violations and 2 core violations of the food code.
 I am aware of each violation and the compliance date for each violation.
 I have had ample opportunity to discuss each violation with the official who conducted the inspection.

L.H.

EDUCATION PROVIDED OR COMMENTS

(This section is currently blank for education provided or comments.)

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Linda Hance / Supervisor	<i>Linda Hance</i>	DATE 03/23/2017
INSPECTOR/TELEPHONE NUMBER John Campbell / (573) 458-6010	<i>John Campbell</i>	EPHS NO. 1572
FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE OF FOLLOW-UP N/A