



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

DATE 10/09/2018	Page 1 of 2
TIME IN 02:35 PM	TIME OUT 03:10 PM

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 Moreland's Catfish Patch		OWNER Laurel Baker		PERSON IN CHARGE Shannon Fannon	
ADDRESS 13448 Maries Road		ESTABLISHMENT LICENSE NO.		COUNTY Maries	REGION I
CITY/ZIP CODE Vienna 65582		TELEPHONE NUMBER (573) 422-9900	FAX NUMBER	SEWAGE DISPOSAL	P.H. PRIORITY H
WATER SUPPLY Private Date Sampled: Result: N/A			FROZEN DESSERT N/A Expires: N/A License Number: N/A		

ESTABLISHMENT TYPE							PURPOSE
<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	Follow-Up
<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

RISK FACTORS AND INTERVENTIONS

Management and Personnel

Not Observed	2-1 Supervision
Not Observed	2-2 Employee Health
Not Observed	2-3 Personal Cleanliness
Not Observed	2-4 Hygienic Practices

Food

Not Observed	3-1 Characteristics
Not Observed	3-2 Sources, Specifications, and Original Containers and Records
In Compliance	3-3 Protection From Contamination After Receiving
Not Observed	3-4 Destruction Of Organisms Of Public Health Concern
In Compliance	3-5 Limitation Of Growth Of Organisms Of Public Health Concern
In Compliance	3-6 Food Identity, Presentation, and On-Premises Labeling
Not Observed	3-7 Contaminated Food
Not Observed	3-8 Special Requirements for Highly Susceptible Populations

Equipment, Utensils, and Linens

Not Observed	4-1 Materials For Construction and Repair
Not Observed	4-2 Design and Construction
In Compliance	4-3 Numbers and Practices
Not Observed	4-4 Location and Installation
In Compliance	4-5 Maintenance and Operation
In Compliance	4-6 Cleaning Of Equipment and Utensils
Not Observed	4-7 Sanitization Of Equipment and Utensils
Not Observed	4-8 Laundering
In Compliance	4-9 Protection Of Clean Items

Water, Plumbing, and Waste

Not Observed	5-1 Water
Not Observed	5-2 Plumbing System



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RISK FACTORS AND INTERVENTIONS

Water, Plumbing, and Waste

Not Observed	5-3 Mobile Water Tank and Mobile Food Establishment Water Tank
Not Observed	5-4 Sewage, Other Liquid Waste, and Rainwater
Not Observed	5-5 Refuse, Recyclables, and Returnables

Physical Facilities

Not Observed	6-1 Materials For Construction and Repair
Not Observed	6-2 Design, Construction, and Installation
In Compliance	6-3 Numbers and Capacities
Not Observed	6-4 Location and Placement
In Compliance	6-5 Maintenance and Operation

Poisonous or Toxic Materials

Not Observed	7-1 Labeling and Identification
Not Observed	7-2 Operational Supplies and Applications
Not Observed	7-3 Stock and Retail Sale

Compliance and Enforcement

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

(This section is currently blank)

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 0 priority violations and 0 core violations of the food code. *BMC*
 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.

EDUCATION PROVIDED OR COMMENTS

(This section is currently blank)

INSPECTION INFORMATION

RECEIVED BY (PERSON IN CHARGE/TITLE) Shannon Fannon / Manager <i>Shannon M Fannon</i>	DATE 10/09/2018
INSPECTOR/TELEPHONE NUMBER Michelle Rafter / (573) 458-6010 <i>Michelle Rafter</i>	EPHS NO. 1212
FOLLOW-UP <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP