



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

| | |
|---------------------|----------------------|
| DATE 05/03/2018 | Page 1 of 2 |
| TIME IN 11:33 AM | TIME OUT 12:07 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 Visitation Interparish Catholic Church | | OWNER Visitation Interparish Church | | PERSON IN CHARGE Kathy Hale | |
| ADDRESS P.O. Box 171 | | | ESTABLISHMENT LICENSE NO. | | COUNTY Maries |
| CITY/ZIP CODE Vienna 65582 | | | TELEPHONE NUMBER (573) 422-3375 | FAX NUMBER | REGION I |
| WATER SUPPLY Community | | | FROZEN DESSERT N/A | | SEWAGE DISPOSAL Public |
| Date Sampled: N/A | | Result: 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 | Routine |
| <input type="checkbox"/> Restaurant | <input checked="" 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 |
|--------------|------------|----------------|--------------|------------|----------|
| Chicken | 147 | Steam Table | | | |
| Ambient Air | 42 | Walk In Cooler | | | |
| | | | | | |
| | | | | | |

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 |
| In Compliance | 3-3 Protection From Contamination After Receiving |
| 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 |
| | Priority <i>Failure to properly date label all refrigerated, ready-to-eat potentially hazardous food.</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 |
| 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 |



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

| | |
|---------------------|----------------------|
| DATE 05/03/2018 | Page 2 of 2 |
| TIME IN 11:33 AM | TIME OUT 12:07 PM |

| | | |
|--|-------------------------|-------------------------------|
| ESTABLISHMENT NAME Visitation Interparish Catholic Church | ADDRESS P.O. Box 171 | CITY/ZIP CODE Vienna 65582 |
|--|-------------------------|-------------------------------|

RISK FACTORS AND INTERVENTIONS

Equipment, Utensils, and Linens

| | |
|----------------|-------------------------------|
| 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 |
| In Compliance | 6-2 Design, Construction, and Installation |
| 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 |
| Not In Compliance | 7-2 Operational Supplies and Applications <u>Priority</u> <i>Sanitizer concentration in wiping cloth buckets too weak.</i> 7-204.11 Chemical sanitizers and other chemical antimicrobials applied to food-contact surfaces shall meet the requirements specified in 40 CFR 180.940. Correct By: Corrected On-site |
| 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 |

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 2 priority violations and 0 core violations of the food code. KH
 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

INSPECTION INFORMATION

| | |
|---|--------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) Kathy Hale / Manager <i>Kathy Hale</i> | DATE 05/03/2018 |
| INSPECTOR/TELEPHONE NUMBER Debbie Matlock / (573) 458-6010 <i>Debbie Matlock</i> | EPHS NO. 1508 |
| FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP N/A |