

**FOOD ESTABLISHMENT REPORT**

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: Bankheads Candies OWNER: Laura Portwood PERSON IN CHARGE: Sherry Lynn  
 ADDRESS: 810 Business Hwy 61 N ESTABLISHMENT LICENSE NO.: \_\_\_\_\_ COUNTY: Pike REGION: \_\_\_\_\_  
 CITY/ZIP CODE: Bowling Green, MO 63334 TELEPHONE NUMBER: 573-324-2312 FAX NUMBER: \_\_\_\_\_ P.H. PRIORITY:  H  M  L  
 ESTABLISHMENT TYPE:  
 Bakery  C. Store  Caterer  Deli  Grocery Store  Institution  Mobile  
 Restaurant  School  Senior Center  Summer F.P.  Tavern  Temporary  
 SEWAGE DISPOSAL:  Public  Private WATER SUPPLY:  Community  Non-Community  Private FROZEN DESSERT:  Approved  Disapproved  Not Applicable  
 Date Sampled: \_\_\_\_\_ Result: \_\_\_\_\_ License Number: \_\_\_\_\_

PURPOSE:  
 Pre-Opening  Follow-Up  Routine  Complaint  Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<u>granny strawberries</u>	<u>140°</u>	<u>stove top</u>			
	<u>38°</u>	<u>Fridge</u>			

**RISK FACTORS AND INTERVENTIONS**

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature	3-401.11-13		
<b>EMPLOYEE HEALTH</b>									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding	3-403.11		
<b>GOOD HYGIENIC PRACTICES</b>									
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Eating, tasting, drinking or tobacco use	2-401.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Cooling	3-501.14		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discharges from eyes, nose, or mouth	2-401.12			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Parasite destruction	3-402.11		
<b>CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION</b>									
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Hot holding	3-501.16		
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Bare hand contact with ready-to-eat foods	3-301.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Cold holding	3-501.16		
<b>APPROVED SOURCE</b>									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18		
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Receiving temperature / condition	3-202.11-19			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)	3-501.19		
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			<b>CONSUMER ADVISORY</b>				
<b>PROTECTION FROM CONTAMINATION</b>									
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food segregated, separated and protected	3-302.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			<b>CHEMICAL</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>									
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Compliance with HACCP plan, variance / specialized process				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		

IN = In Compliance  
 OUT = Not in Compliance  
 N/A = not applicable  
 COS = Corrected on Site  
 R = Repeat  
 N/O = Not Observed

RECEIVED BY (PERSON IN CHARGE/TITLE): Sherry Lynn DATE: 4/12/19  
 INSPECTOR: \_\_\_\_\_ EPHS NO.: \_\_\_\_\_ FOLLOW-UP:  YES  NO DATE OF FOLLOW-UP: \_\_\_\_\_

**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME <i>Bankheads Candies</i>	ADDRESS <i>810 Business Hwy 61 N</i>	CITY <i>Bowling Green</i>
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FOOD CODE REFERENCES	CRITICAL ITEMS			
2 MANAGEMENT/PERSONNEL	CODE REF.	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.	CORRECT BY (DATE)	INIT.
2-1 Supervision 2-2 Employee Health 2-3 Personal Cleanliness 2-4 Hygienic Practices				
<b>3 FOOD</b>  3-1 Characteristics 3-2 Sources, Containers & Records 3-3 Protection from Contamination 3-4 Cooking, Parasite Destruction, Reheating 3-5 Limiting Growth of Organisms 3-6 Food Presentation & Labeling 3-7 Disposition of Contaminated Food 3-8 Highly Susceptible Populations				
<b>4 EQUIP. UTENSILS &amp; LINENS</b>  4-1 Characteristics & Use Limitations 4-2 Design & Construction 4-3 Numbers & Capacities 4-4 Location & Installation 4-5 Maintenance & Operation 4-6 Cleaning of Equipment 4-7 Sanitization 4-8 Laundry 4-9 Protection of Clean Items				

NON-CRITICAL ITEMS				
	CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY (DATE)	INIT.
<b>5 WATER, PLUMBING &amp; WASTE</b>  5-1 Water Source, Quality, Capacity 5-2 Plumbing 5-3 Mobile Water Tanks 5-4 Sewage & Rainwater 5-5 Refuse & Recyclables		- handwashing sink blocked, no soap or paper towels - hole in ceiling needs to be covered - several rusty knives in drawers; should be discarded - dishes should not dry in sanitize sink.		
<b>6 PHYSICAL FACILITIES</b>  6-1 Materials for Construction 6-2 Design, Construction, Installation 6-3 Numbers & Capacities 6-4 Location & Placement 6-5 Maintenance & Operation		- tea uncovered in kitchen; food in storage must be covered.		
<b>7 POISONOUS OR TOXIC ITEMS</b>  7-1 Labeling & Identification 7-2 Supplies & Applications 7-3 Storage & Display				

**EDUCATION PROVIDED OR COMMENTS**

RECEIVED BY (PERSON IN CHARGE) (TITLE) <i>Sherry Lynn</i>	DATE <i>4/12/19</i>		
INSPECTOR <i>[Signature]</i>	EPHS NO.	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP _____