

**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: KC's Place OWNER: \_\_\_\_\_ PERSON IN CHARGE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ESTABLISHMENT LICENSE NO.: \_\_\_\_\_ COUNTY: \_\_\_\_\_ REGION: \_\_\_\_\_  
 CITY/ZIP CODE: LA TELEPHONE NUMBER: \_\_\_\_\_ 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  
 Date Sampled: \_\_\_\_\_ Result: \_\_\_\_\_  
 FROZEN DESSERT:  Approved  Disapproved  Not Applicable  
 License Number: \_\_\_\_\_

PURPOSE:  Pre-Opening  Follow-Up  Routine  Complaint  Other

| FOOD PRODUCT   | TEMP   | LOCATION | FOOD PRODUCT | TEMP    | LOCATION |
|----------------|--------|----------|--------------|---------|----------|
| Chicken        | 36.8°F |          | Veggie soup  | 135.5°F |          |
| Mixed Peppers  | 41°F   |          | Meat         | 168°F   |          |
| cottage cheese | 34.5°F |          |              |         |          |

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

RECEIVED BY (PERSON IN CHARGE/TITLE): Rebecca Grutsch DATE: 2/9/19  
 INSPECTOR: Rebecca Grutsch EPHS NO.: \_\_\_\_\_ FOLLOW-UP:  YES  NO DATE OF FOLLOW-UP: \_\_\_\_\_

PIKE COUNTY HEALTH DEPARTMENT  
 OFFICE: 573-324-2111 FAX: 573-324-5517  
**FOOD ESTABLISHMENT INSPECTION REPORT**

|   |         |                   |
|---|---------|-------------------|
| ESTABLISHMENT NAME<br><i>KC's Place</i> | ADDRESS | CITY<br><i>LA</i> |
|---|---------|-------------------|

| FOOD CODE REFERENCES          | -CRITICAL ITEMS Notes:                       |  |   |       |  |
|-------------------------------|--|--|---|-------|--|
| 2 MANAGEMENT/PERSONNEL        | CODE REF.                                    | DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | CORRECT BY (DATE)   | INIT. |  |
| 2-1 Supervision               |  | ① NO glove use   |   |       |  |
| 2-2 Employee Health           |  | ② hat / hair net   |   |       |  |
| 2-3 Personal Cleanliness      |  | ③ carpeting not allowed at buffet  |   |       |  |
| 2-4 Hygienic Practices        |  | ④ water damaged ceiling tiles  |   |       |  |
| 3 FOOD                        |  | ⑤ plates in breadline  |   |       |  |
|                               | 3-1 Characteristics                          | ⑥ to go containers need to be stored upside down   |   |       |  |
|                               | 3-2 Sources, Containers & Records            | ⑦ food needs date marking and labels   |   |       |  |
|                               | 3-3 Protection from Contamination            | ⑧ bag of chicken open & leaking  |   |       |  |
|                               | 3-4 Cooking, Parasite Destruction, Reheating | ⑨ towels under prep cooler   |   |       |  |
|                               | 3-5 Limiting Growth of Organisms             | ⑩ freezer needs floor cleaned  |   |       |  |
|                               | 3-6 Food Presentation & Labeling             | ⑪ freezer needs to be repaired - leaking into items / contamination  |   |       |  |
|                               | 3-7 Disposition of Contaminated Food         | ⑫ food in freezer needs to be covered  |   |       |  |
|                               | 3-8 Highly Susceptible Populations           | ⑬ clean walls / ceiling in kitchen   |   |       |  |
|                               | 4 EQUIP. UTENSILS & LINENS                   |  | ⑭ dishwasher sanitizer needs to be turned ↑ barely 50 ppm |       |  |
|                               |  | 4-1 Characteristics & Use Limitations  | ⑮ meat slicer needs to be cleaned                         |       |  |
|                               |  | 4-2 Design & Construction  | ⑯ kitchen appliances incl. crock pots                     |       |  |
|                               |  | 4-3 Numbers & Capacities   | ⑰ floor in walk in needs to be cleaned                    |       |  |
|                               |  | 4-4 Location & Installation  | ⑱ NO food items in sanitizer sink allowed                 |       |  |
|                               |  | 4-5 Maintenance & Operation  |   |       |  |
|                               |  | 4-6 Cleaning of Equipment  |   |       |  |
|                               |  | 4-7 Sanitization   |   |       |  |
|                               |  | 4-8 Laundry  |   |       |  |
| 4-9 Protection of Clean Items |  |  |   |       |  |

| FOOD CODE REFERENCES                | NON-CRITICAL ITEMS |   |                      |                  |  |
|-------------------------------------|--------------------|---|----------------------|------------------|--|
| 5 WATER, PLUMBING & WASTE           | 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.            |  |
| 5-1 Water Source, Quality, Capacity |                    | Whole Meat 168°F  |                      |                  |  |
|                                     |                    | veg. soup 135.5°  |                      |                  |  |
|                                     |                    | tomato mixed peppers 41°  |                      |                  |  |
|                                     |                    | cheese 40°  | collage cheese 34.5° |                  |  |
|                                     |                    | chicken 36.8°   | beef 38°             | black olives 33° |  |
| 6 PHYSICAL FACILITIES               |                    | ⑰ Steak in prep fridge not covered  |                      |                  |  |
|                                     |                    | pickles 49°   | tomatoes 48°         | mushrooms 48.7°  |  |
|                                     |                    | *just prepped items *   |                      |                  |  |
| 7 POISONOUS OR TOXIC ITEMS          |                    | ⑱ mop needs hung  |                      |                  |  |
|                                     |                    | ⑲ floors need to be swept   |                      |                  |  |
|                                     |                    | ⑳ silverware must be covered if placed on the table prior to patrons arrival  |                      |                  |  |

EDUCATION PROVIDED OR COMMENTS

|  |                         |
|--|-------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE)<br><i>Aileen [Signature]</i>                | DATE<br><i>2/19/19</i>  |
| INSPECTOR<br><i>Rebecca Grutsch</i>  | EPHS NO. _____          |
| FOLLOW-UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP _____ |