

**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: Rob + Karen Johnson PERSON IN CHARGE: Rob  
 ADDRESS: 3424 Georgia St. ESTABLISHMENT LICENSE NO.: \_\_\_\_\_ COUNTY: Pike REGION: \_\_\_\_\_  
 CITY/ZIP CODE: Louisiana 63353 TELEPHONE NUMBER: 573-754-4100 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           |
|---------------|-------|------------------|--------------|------|--------------------|
| Lemonade      | 37°   | drink reach in   | meat         | 34°  | reach in wood lock |
| peach cobbles | 37.5° | dessert reach in |              |      |                    |
| fortilla      | 34°   | prep bottom      |              |      |                    |
| * buttermilk  | 45°   | prep bottom      |              |      |                    |

**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 type="checkbox"/> OUT  | Designated PIC, demonstration of knowledge and PIC duties                                | 2-101.11<br>2-102.11<br>2-103.11    |   |     | <input 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT  | Management awareness, policy present. Proper use of reporting restrictions and exclusion | 2-201.11-15                         |   |     | <input 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 type="checkbox"/> N/A | Parasite destruction                                       | 3-402.11   |   |     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/O                              | Eating, tasting, drinking or tobacco use   | 2-401.11                            |   |     | <input 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<br><input type="checkbox"/> N/O                              | Discharges from eyes, nose, or mouth   | 2-401.12                            |   |     | <input 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/O                              | 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 type="checkbox"/> N/A | Time as a public health control (procedures / records)     | 3-501.19   |   |     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/O <input type="checkbox"/> N/A | Bare hand contact with ready-to-eat foods  | 3-301.11                            |   |     |   | <b>CONSUMER ADVISORY</b>                                   |  |   |     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT  | Food obtained from approved source   | 3-201.11-17                         |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              | Consumer advisory for raw or undercooked food              | 3-603.11   |   |     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/O                              | Receiving temperature / condition  | 3-202.11-19                         |   |     |   | <b>HIGHLY SUSCEPTIBLE POPULATIONS</b>                      |  |   |     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/O <input type="checkbox"/> N/A | Records: shellstock tags, parasite destruction, required HACCP plan                      | 3-202.18<br>3-203.12<br>3-402.11-12 |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              | Food segregated, separated and protected   | 3-302.11                            |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT  | Toxic substances properly identified, stored and used      | 7-1, 7-2, 7-3  |   |     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              | Food contact surfaces cleaned & sanitized; cleaning frequency                            | 4-601.11A<br>4-602.11               |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              | Additives / approved, unapproved                           | 3-202.12<br>3-302.14   |   |     |
| <input 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 type="checkbox"/> OUT  | Preventing contamination from equipment  | 3-304.11                            |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A                              | Compliance with HACCP plan, variance / specialized process |  |   |     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT  | Discarding / reconditioning unsafe food  | 3-701.11                            |   |     | <b>IN = In Compliance</b><br><b>OUT = Not In Compliance</b><br><b>N/A = not applicable</b>                            |  | <b>COS = Corrected on Site</b><br><b>R = Repeat</b><br><b>N/O = Not Observed</b> |   |     |

RECEIVED BY (PERSON IN CHARGE) Rob Johnson DATE 9/4/19

INSPECTOR Stefanie Davis EPHS NO. \_\_\_\_\_ FOLLOW-UP:  YES  NO DATE OF FOLLOW-UP \_\_\_\_\_

**FOOD ESTABLISHMENT INSPECTION REPORT**

|   |                                    |                          |
|---|------------------------------------|--------------------------|
| ESTABLISHMENT NAME<br><i>KC's Place</i> | ADDRESS<br><i>3424 Georgia St.</i> | CITY<br><i>Louisiana</i> |
|---|------------------------------------|--------------------------|

| FOOD CODE REFERENCES                         | 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. |
|--|-----------|---|-------------------|-------|
| <b>2 MANAGEMENT/PERSONNEL</b>                |           |   |                   |       |
| 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                |           |   |                   |       |

| FOOD CODE REFERENCES                   | 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               |           |   |                   |       |
| <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            |           |   |                   |       |
| <b>7 POISONOUS OR TOXIC ITEMS</b>      |           |   |                   |       |
| 7-1 Labeling & Identification          |           |   |                   |       |
| 7-2 Supplies & Applications            |           |   |                   |       |
| 7-3 Storage & Display                  |           |   |                   |       |

**EDUCATION PROVIDED OR COMMENTS**  
*dishwasher's sanitizer @ 50ppm according to manufacturer instructions*  
*\*Emergency Procedures shared.*

|  |                       |  |                   |
|--|-----------------------|--|-------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE)<br><i>Rob Johnson</i> | DATE<br><i>9/4/19</i> |  |                   |
| INSPECTOR<br><i>Stefanie Davis</i>                         | EPHS NO.              | FOLLOW-UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP |