

**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: Dairy Queen (LA) OWNER: PERSON IN CHARGE: Danny  
 ADDRESS: 711 Georgia St. ESTABLISHMENT LICENSE NO. COUNTY REGION

CITY/ZIP CODE: Louisiana 63353 TELEPHONE NUMBER: 573-754-5311 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: 163-10119

PURPOSE:  Pre-Opening  Follow-Up  Routine  Complaint  Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
milk	40.8°	walk-in	milk	43.2°	prep cooler in ice cream area -
prep hot dog	40°	prep cooler			keep in bottom for food safety

**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 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		
<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 <input checked="" type="checkbox"/> N/O <input 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 <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Hot holding	3-501.16		
<input checked="" 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 <input checked="" 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 <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18		
<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 checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Bare hand contact with ready-to-eat foods	3-301.11			<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input checked="" 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 3-203.12 3-402.11-12			<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		
<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 4-602.11			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <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 OUT = Not In Compliance N/A = not applicable COS = Corrected on Site R = Repeat N/O = Not Observed				

RECEIVED BY (PERSON IN CHARGE/TITLE): S.D. S. P... DATE: 10/22/19

INSPECTOR: Stefanie Davis EPHS NO. FOLLOW-UP:  YES  NO DATE OF FOLLOW-UP: 10/25/19

**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME <i>Darius Queen</i>	ADDRESS <i>711 Georgia St.</i>	CITY <i>Louisiana</i>
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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	✓	- Ready to eat food must have a seven day discard date when <del>REF</del> R. Removed from original container - cheese in walk-in		
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	✓	- once cut bananas are a potentially hazardous food item and must be kept below 41° or used within few hours.		
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				
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	✓	- Handwash sink to be used for hand washing only - ants observed; do not dump food into this sink		
5-2 Plumbing	✓	- Hat, hairnet or visor must be worn when doing cooking or food prep		
5-3 Mobile Water Tanks	✓	- all food in storage must be covered - ice cream cakes		
5-4 Sewage & Rainwater		- vents behind chicken warmer need repair - cleaning		
5-5 Refuse & Recyclables				
<b>6 PHYSICAL FACILITIES</b>				
6-1 Materials for Construction	✓	- all warewashing must follow 3-step process wash, rinse, sanitize		
6-2 Design, Construction, Installation	✓	- hand wash sink is only sink for hand washing		
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**

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>D.S. Pate</i>	DATE <i>10/22/19</i>		
INSPECTOR <i>Stefanie Davis</i>	EPHS NO.	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP <i>10/25/19</i>