PIKE COUNTY HEALTH DEPARTMENT
OFFICE: 573-324-2111 FAX: 573-324-5517
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.

<table>
<thead>
<tr>
<th>ESTABLISHMENT NAME</th>
<th>Owner</th>
<th>PERSON IN CHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donlen Tree</td>
<td>Connie Kelch</td>
<td>Mary</td>
</tr>
</tbody>
</table>

ADDRESS
Town Center Dr.

CITY/ZIP CODE
Bouling Green 63334

TELEPHONE NUMBER
573-324-9818

FAX NUMBER

PH. PRIORITY
H M 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

License Number:

PURPOSE
- Pre-Opening
- Follow-Up
- Routine
- Complaint
- Other

FOOD PRODUCT | TEMP | LOCATION
---|---|---
Ham | | Reach in
Luncheon | | Walk in

RISK FACTORS AND INTERVENTIONS

<table>
<thead>
<tr>
<th>COMPLIANCE</th>
<th>DEMONSTRATION OF KNOWLEDGE</th>
<th>CODE REF.</th>
<th>R</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN OUT</td>
<td>Designated PIC, demonstration of knowledge and PIC duties</td>
<td>2-101.11</td>
<td>2-102.11</td>
<td>2-103.11</td>
</tr>
</tbody>
</table>

EMLOYEE HEALTH

| IN OUT | Management awareness, policy present, Proper use of reporting restrictions and exclusion | 2-201.11-15 |

GOOD HYGIENIC PRACTICES

| IN NO | Eating, tasting, drinking or tobacco use | 2-401.11 |
| IN NO | Discharges from eyes, nose, or mouth | 2-401.12 |

CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION

| IN NO | Clean condition, cleaning procedure, when to wash, and where to wash | 2-301.11-12 | 2-301.14-15 |
| IN NO | Bare hand contact with ready-to-eat foods | 3-301.11 |

APPROVED SOURCE

| IN OUT | Food obtained from approved source | 3-201.11-17 |
| IN NO | Receiving temperature / condition | 3-202.11-19 |
| IN NO | Records: shellstock tags, parasite destruction, required HACCP plan | 3-202.18 | 3-203.12 | 3-402.11-12 |

PROTECTION FROM CONTAMINATION

| IN OUT | Food segregated, separated and protected | 3-302.11 |
| IN OUT | Food contact surfaces cleaned & sanitized; cleaning frequency | 4-601.11A | 4-602.11 |
| IN OUT | Food display, consumer self-service, returned food / re-service of food | 3-306.11-14 |
| IN OUT | Preventing contamination from equipment | 3-304.11 |
| IN OUT | Discarding / reconditioning unsafe food | 3-701.11 |

APPROVED VEHICLE FOR HANDLING FOODS

| IN OUT | Compliance with HACCP plan, variance / specialized process |

IN = In Compliance
OUT = Out In Compliance
N/A = Not Applicable

COS = Corrected on Site
R = Repeat
N/O = Not Observed

DATE: 10/15/19

INSPECTOR
Mary Valtic

EPHS NO.
FOOD PRODUCT TEMP LOCATION

DATE OF FOLLOW-UP

DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY