

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

DATE 11/5/19	PAGE 1 OF 1
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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 Karen's Catering		OWNER Karen Heverenz	PERSON IN CHARGE	
ADDRESS Nazarene Church		ESTABLISHMENT LICENSE NO.	COUNTY Pike	REGION
CITY/ZIP CODE Bowling Green 63334		TELEPHONE NUMBER 573-470-4540	FAX NUMBER	P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> Bakery <input type="checkbox"/> C. Store <input checked="" type="checkbox"/> Caterer <input type="checkbox"/> Deli <input type="checkbox"/> Grocery Store <input type="checkbox"/> Institution <input type="checkbox"/> Mobile <input type="checkbox"/> Restaurant <input type="checkbox"/> School <input type="checkbox"/> Senior Center <input type="checkbox"/> Summer F.P. <input type="checkbox"/> Tavern <input type="checkbox"/> Temporary				
SEWAGE DISPOSAL <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		WATER SUPPLY <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private		FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable
Date Sampled: _____		Result: _____		License Number: _____

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
chicken + noodles	145°	crookpot			
" "	135°	hamilton beach			

RISK FACTORS AND INTERVENTIONS

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input checked="" type="checkbox"/> IN <input 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		
EMPLOYEE HEALTH									
<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		
GOOD HYGIENIC PRACTICES									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Eating, tasting, drinking or tobacco use	2-401.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Cooling	3-501.14		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Discharges from eyes, nose, or mouth	2-401.12			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Parasite destruction	3-402.11		
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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 type="checkbox"/> N/A	Hot holding	3-501.16		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Bare hand contact with ready-to-eat foods	3-301.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16		
APPROVED SOURCE									
<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/A	Date marking and disposition	3-501.17 3-501.18		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	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 <input type="checkbox"/> N/O	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			CONSUMER ADVISORY				
PROTECTION FROM CONTAMINATION									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food segregated, separated and protected	3-302.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			HIGHLY SUSCEPTIBLE POPULATIONS				
<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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			CHEMICAL				
<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	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
					CONFORMANCE WITH APPROVED PROCEDURES				
					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process			

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) Karen Heverenz		DATE 11/5/19
INSPECTOR Stefanie Davis	EPHS NO.	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DATE OF FOLLOW-UP