

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 <i>Woods Smoked Meats & Inc</i>		OWNER <i>Edward & Regina Woods</i>	PERSON IN CHARGE
ADDRESS <i>1501 Bus Hwy 54 W</i>		ESTABLISHMENT LICENSE NO.	COUNTY <i>Pike</i>
CITY/ZIP CODE <i>Bowling Green 63334</i>	TELEPHONE NUMBER <i>573-324-2247</i>	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 type="checkbox"/> Caterer <input checked="" type="checkbox"/> Deli <input type="checkbox"/> Grocery Store <input type="checkbox"/> Institution <input type="checkbox"/> Mobile <input checked="" 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 Date Sampled: _____ Result: _____	FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License Number: _____	

PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<i>pulled pork</i>	<i>160°</i>	<i>hot holding</i>	<i>blood sausage</i>	<i>34°</i>	<i>open cooler</i>
<i>ham</i>	<i>190°</i>	<i>" "</i>	<i>Ribeye</i>	<i>34°</i>	<i>deli cooler</i>
<i>jala penos</i>	<i>35°</i>	<i>prep top</i>	<i>ham</i>	<i>41°</i>	<i>open chest cooler</i>
			<i>cheese</i>	<i>55°</i>	<i>cheese cooler</i>

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 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 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		
GOOD HYGIENIC PRACTICES					<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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16		
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION					<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 checked="" type="checkbox"/> IN <input 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 type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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			CONSUMER ADVISORY				
<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	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			HIGHLY SUSCEPTIBLE POPULATIONS				
<input 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		
PROTECTION FROM CONTAMINATION					CHEMICAL				
<input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> OUT <input checked="" 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			CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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) _____ DATE _____

INSPECTOR *Stefanie Davis* EPHS NO. _____ FOLLOW-UP YES NO DATE OF FOLLOW-UP *will call after cooler repair*

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Woods Smoked Meats</i>	ADDRESS <i>1501 Bus Hwy 54W</i>	CITY <i>Bowling Green</i>
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FOOD CODE REFERENCES	CRITICAL ITEMS			
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 2-2 Employee Health 2-3 Personal Cleanliness 2-4 Hygienic Practices		<i>Cheese open face pizzas not holding items below 41° - items discarded - will not use cooler until repairs have taken place.</i>		
3 FOOD		<i>Call Stefanie Davis, inspector at 573-324-2111 or 573-470-9985 when repaired.</i>	<i>11/3</i>	
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				
4 EQUIP. UTENSILS & LINENS				
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				
	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 WATER, PLUMBING & WASTE		<i>- hat, hairnet or visor must be worn when cooking, preparing and/or handling food.</i>		
5-1 Water Source, Quality, Capacity 5-2 Plumbing 5-3 Mobile Water Tanks 5-4 Sewage & Rainwater 5-5 Refuse & Recyclables		<i>- must have sanitizer test strips to test sanitizer bleach should be 100ppm.</i>		
6 PHYSICAL FACILITIES		<i>- No sponges may be used when ware washing</i>		
6-1 Materials for Construction 6-2 Design, Construction, Installation 6-3 Numbers & Capacities 6-4 Location & Placement 6-5 Maintenance & Operation		<i>- microwave needs cleaning</i>		
7 POISONOUS OR TOXIC ITEMS		<i>- all items taken out of their original container or prepared onsite must have a 7-day discard date - label sauces w/ name and date</i>		
7-1 Labeling & Identification 7-2 Supplies & Applications 7-3 Storage & Display		<i>- Staff/personal items in cooler should be separated - suggest a "staff food" section</i>		

EDUCATION PROVIDED OR COMMENTS
a temperature log for retail coolers is highly suggested

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>[Signature]</i>	DATE <i>12/3/19</i>		
INSPECTOR <i>[Signature]</i>	EPHS NO.	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP <i>will call after cooler repair</i>