

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

DATE 12/27/19  
 PAGE 1 OF 2

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 <u>Hardco's # 1501293</u>		OWNER	PERSON IN CHARGE
ADDRESS <u>18054 Hwy 161</u>		ESTABLISHMENT LICENSE NO.	COUNTY <u>Pike</u>
CITY/ZIP CODE <u>Bowling Green 63334</u>		TELEPHONE NUMBER	FAX NUMBER
ESTABLISHMENT TYPE <input type="checkbox"/> Bakery <input type="checkbox"/> C. Store <input type="checkbox"/> Caterer <input 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		P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
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
<u>salsa</u>	<u>42°</u>	<u>Red burrito cold hold</u>	<u>Roast beef</u>	<u>39°</u>	<u>Reach in</u>
<u>gravy</u>	<u>155°</u>	<u>hot holding</u>	<u>lettuce</u>	<u>57°</u>	<u>walk in</u>

**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 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		
<b>GOOD HYGIENIC PRACTICES</b>									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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	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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Parasite destruction	3-402.11		
<b>CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION</b>									
<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 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 <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 checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16		
<b>APPROVED SOURCE</b>									
<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/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			<b>CONSUMER ADVISORY</b>				
<b>PROTECTION FROM CONTAMINATION</b>									
<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			<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<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/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			<b>CHEMICAL</b>				
<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		
					<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process			

RECEIVED BY (PERSON IN CHARGE/TITLE)  
Kevin M. Huykendall DATE 12/27/19

INSPECTOR  
Stefanie Davis EPHS NO. \_\_\_\_\_ FOLLOW-UP  YES  NO DATE OF FOLLOW-UP 12/30/19

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>Hardees #1501293</i>	ADDRESS <i>18054 Hwy 161</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)
2-1 Supervision			
2-2 Employee Health			
2-3 Personal Cleanliness			
2-4 Hygienic Practices			
3 FOOD			
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			
5-1 Water Source, Quality, Capacity			
5-2 Plumbing			
5-3 Mobile Water Tanks			
5-4 Sewage & Rainwater			
5-5 Refuse & Recyclables			
6 PHYSICAL FACILITIES			
6-1 Materials for Construction			
6-2 Design, Construction, Installation			
6-3 Numbers & Capacities			
6-4 Location & Placement			
6-5 Maintenance & Operation			
7 POISONOUS OR TOXIC ITEMS			
7-1 Labeling & Identification			
7-2 Supplies & Applications			
7-3 Storage & Display			

EDUCATION PROVIDED OR COMMENTS  
*keep top closed, check vents and Red Burrito prep cooler*  
 NOTE: *cooler in drive-through holding at 41° - monitor for food safety - may not be above 41° and hood above char is soiled - not dripping yet.*

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Kevin M. Kykendall</i>	DATE <i>12/27/19</i>
INSPECTOR <i>[Signature]</i>	EPHS NO.
FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP <i>12/30/19</i>

*raw meat above ready to eat food - raw hamburger over Red burrito hot items*

*improper sanitizer concentration - Quat must be at 200ppm. - sanitizer dispenser not working correctly - 3 test kits available none are open*

*All employees must wear a hat, hairnet or visor while preparing food.  
 - ketoupads in customer service container needs cleaning  
 - food stored on floor in walk-in freezer  
 - gas powered power washer should not be stored in building - fire hazard*

*Microwaves need cleaning  
 - behind freezer needs cleaning - grease buildup  
 - mops must be hung when not in use.  
 - mop sink tiles need repair - standing water unable to drain  
 - outside of big prep table not clean  
 - Scroop in chicken tender breading must be stored so handle is out of breading.*

*Next routine inspect*