

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>Dairy Queen (LA)</i> | | OWNER <i>Happy Krupa Inc.</i> | PERSON IN CHARGE <i>D.S. Patel</i> |
| ADDRESS <i>711 Georgia St.</i> | | ESTABLISHMENT LICENSE NO. | COUNTY |
| CITY/ZIP CODE <i>Louisiana 63353</i> | TELEPHONE NUMBER <i>573-754-5311</i> | FAX NUMBER | P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> 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
 Date Sampled: _____ Result: _____

FROZEN DESSERT: Approved Disapproved Not Applicable
 License Number: _____

PURPOSE: Pre-Opening Follow-Up Routine Complaint Other

| FOOD PRODUCT | TEMP | LOCATION | FOOD PRODUCT | TEMP | LOCATION |
|----------------|-------------|------------------------------|-----------------|------------|--------------------|
| <i>chicken</i> | <i>38°</i> | <i>small cooler up front</i> | <i>tomatoes</i> | <i>38°</i> | <i>prep cooler</i> |
| <i>gravy</i> | <i>116°</i> | <i>hot hold</i> | <i>milk</i> | <i>41°</i> | <i>walk in</i> |

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 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 <input 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Parasite destruction | 3-402.11 | | |
| <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 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 | Discharges from eyes, nose, or mouth | 2-401.12 | | | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A | Cold holding | 3-501.16 | | |
| CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION | | | | | <input checked="" type="checkbox"/> IN <input 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 <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 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 <input type="checkbox"/> N/O | 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O | Receiving temperature / condition | 3-202.11-19 | | | HIGHLY SUSCEPTIBLE POPULATIONS | | | | |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | 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 <input type="checkbox"/> N/A | 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 <input type="checkbox"/> N/A | 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): *D.S. Patel* DATE: 1/22/2020

INSPECTOR: *[Signature]* EPHS NO. FOLLOW-UP: YES NO DATE OF FOLLOW-UP:

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

| | | |
|--|-----------------------------------|--------------------------|
| ESTABLISHMENT NAME <i>Danny Queen</i> | ADDRESS <i>711 Georgia St.</i> | CITY <i>Louisiana</i> |
|--|-----------------------------------|--------------------------|

| 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 | | | | |
| 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 | | |
|--|-----------|--|-------------------|-------|
| 5 WATER, PLUMBING & WASTE | 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. |
| 5-1 Water Source, Quality, Capacity | | <i>-anyone preparing food including ice cream must wear a hat, hairnet or visor.</i> <i>-no towels allowed for drying</i> <i>-mop water may not be dumped outside, dump in the "wash" compartment of the 3-compartment sink then wash, rinse and sanitize sink before using again.</i> <i>if store has renovations or remodeling a mop sink and hand sink in kitchen must be included in renovations.</i> | | |
| 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
test sanitizer strength each time a bucket is filled or sink is filled Quaternary Ammonia should be 200 ppm.

| | | | |
|--|--------------------------|--|----------------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE) <i>D. S. Patel</i> | DATE <i>1/22/2020</i> | | |
| INSPECTOR <i>[Signature]</i> | EPHS NO. | FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP _____ |