

**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 <u>Dairy Queen (LA)</u>		OWNER <u>Happy Krupa, chnc</u>	PERSON IN CHARGE <u>Amrit Patel</u>
ADDRESS <u>711 Georgia St.</u>		ESTABLISHMENT LICENSE NO. <u>573-754-5311</u>	COUNTY <u>Pike</u>
CITY/ZIP CODE <u>Louisiana, MO 63353</u>	TELEPHONE NUMBER <u>573-754-5311</u>	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: 103-10119

PURPOSE  Pre-Opening  Follow-Up  Routine  Complaint  Other 11/30/21

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<u>all food temps appropriate</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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding <u>emer. - out</u>	3-403.11		
<input 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 <u>emer. - out</u>	3-501.14		
<b>GOOD HYGIENIC PRACTICES</b>					<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 <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	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		
<b>CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION</b>					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18		
<input type="checkbox"/> IN <input checked="" 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	Time as a public health control (procedures / records)	3-501.19		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Bare hand contact with ready-to-eat foods	3-301.11			<b>CONSUMER ADVISORY</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	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Receiving temperature / condition	3-202.11-19			<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<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		
<b>PROTECTION FROM CONTAMINATION</b>					<b>CHEMICAL</b>				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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			<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input type="checkbox"/> IN <input checked="" 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			<b>IN = In Compliance</b> <b>OUT = Not In Compliance</b> <b>N/A = not applicable</b> <b>COS = Corrected on Site</b> <b>R = Repeat</b> <b>N/O = Not Observed</b>				

RECEIVED BY (PERSON IN CHARGE/TITLE) A.H. Patel DATE 9/14/21

INSPECTOR [Signature] EPHS NO. FOLLOW-UP  YES  NO DATE OF FOLLOW-UP 9/20/21

**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME <i>Danny Queen</i>	ADDRESS <i>711 Georgia St</i>	CITY <i>Louisiana</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 <b>MUST RECEIVE IMMEDIATE ACTION</b> 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>All items made here or taken out of original container must have a 7-day discard date.</i>	<i>Corrected on site</i>	
<b>3 FOOD</b>				
3-1 Characteristics	✓	<i>prep cooler for blizzards all items need to be discarded, containers washed and refilled 7-day date required - cross contamination should be avoided by keeping items covered.</i>		
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		<i>Toppings requiring heat should be 135° or above during service and cooled properly then stored below 4° overnight</i>		
3-7 Disposition of Contaminated Food				
3-8 Highly Susceptible Populations				
<b>4 EQUIP. UTENSILS &amp; LINENS</b>				
4-1 Characteristics & Use Limitations	✓	<i>Frozen foods removed from freezer need 7-day discard date while in <del>ref</del> refrigeration</i>		
4-2 Design & Construction				
4-3 Numbers & Capacities				
4-4 Location & Installation	✓	<i>3-compartment sink - ice cream machine hose needs to be removed - until they use wash tub in sanitizer sink when washing dishes.</i>		
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>Hands may only be washed in hand sink. You may not use the 3-compartment dishwash sink</i>		
5-2 Plumbing	✓	<i>Mop must be hung to dry</i>		
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater		<i>hat, hairnet or visor must be worn.</i>		
5-5 Refuse & Recyclables				
<b>6 PHYSICAL FACILITIES</b>				
6-1 Materials for Construction	✓	<i>grate on floor near blizzard cooler needs to be cleaned.</i>		
6-2 Design, Construction, Installation	✓	<i>food in storage needs to be covered.</i>		
6-3 Numbers & Capacities				
6-4 Location & Placement		<i>Ventilation, walls and floor near fire needs cleaning</i>		
6-5 Maintenance & Operation				
<b>7 POISONOUS OR TOXIC ITEMS</b>				
7-1 Labeling & Identification		<i>Vents in walk-in cooler need cleaning</i>		
7-2 Supplies & Applications	✓	<i>3-compartment sink needs drain plugs - do not use a towel to block drain.</i>		
7-3 Storage & Display				

**EDUCATION PROVIDED OR COMMENTS**

*this building needs a handwash sink in kitchen area and a mop sink. Management should have knowledge of food service & food safety*

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>A.H. Kater</i>	DATE <i>9/20/21</i>
INSPECTOR <i>[Signature]</i>	EPHS NO.
FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF FOLLOW-UP <i>9/20/21</i>	