

*all surfaces must be smooth, non-absorbent + easily cleanable. before food service. \*pantry + storage rooms need to be completed prior to next regular inspection + hand sink must be functional*

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

DATE: 11/16/22  
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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: *Forever Primitives* OWNER: *Craig Burnett* PERSON IN CHARGE: *Craig*  
 ADDRESS: *Box 214 W. Church St.* ESTABLISHMENT LICENSE NO.: COUNTY: *Pike* REGION:  
 CITY/ZIP CODE: *Bowling Green 63334* TELEPHONE NUMBER: FAX NUMBER: P.H. PRIORITY:  H  M  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 FROZEN DESSERT:  Approved  Disapproved  Not Applicable  
 Date Sampled: Result: License Number:

PURPOSE:  Pre-Opening  Follow-Up  Routine  Complaint  Other *Pre-opening after fire*

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION

**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 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 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 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		
<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 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		
<b>APPROVED SOURCE</b>									
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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 checked="" type="checkbox"/> IN <input 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		
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): <i>Craig Burnett</i>					DATE: 11/16/22				
					INSPECTOR: <i>[Signature]</i>		EPHS NO.		FOLLOW-UP: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO