

Approved to Open

PIKE COUNTY HEALTH DEPARTMENT
OFFICE: 573-324-2111 FAX: 573-324-5517

DATE 8/22/22	
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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 Full Throttle Nutrition		OWNER Danyelle Pool	PERSON IN CHARGE →
ADDRESS 810 Church St.		ESTABLISHMENT LICENSE NO.	COUNTY Pike
CITY/ZIP CODE Bowling Green		TELEPHONE NUMBER 573-470-2004	FAX NUMBER
ESTABLISHMENT TYPE		P.H. PRIORITY	

<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	

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: _____
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PURPOSE
 Pre-Opening Follow-Up Routine Complaint Other

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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature	3-401.11-13		
EMPLOYEE HEALTH									
<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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Reheating for hot holding	3-403.11		
GOOD HYGIENIC PRACTICES									
<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 type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Parasite destruction	3-402.11		
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION									
<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 type="checkbox"/> N/O <input checked="" 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 checked="" type="checkbox"/> N/A	Cold holding	3-501.16		
APPROVED SOURCE									
<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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 <input checked="" type="checkbox"/> N/A	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			CONSUMER ADVISORY				
PROTECTION FROM CONTAMINATION									
<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			HIGHLY SUSCEPTIBLE POPULATIONS				
<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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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			CHEMICAL				
<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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
CONFORMANCE WITH APPROVED PROCEDURES									
					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process			

IN = In Compliance COS = Corrected on Site
 OUT = Not In Compliance R = Repeat
 N/A = not applicable N/O = Not Observed

RECEIVED BY (PERSON IN CHARGE/TITLE) D. Pool	DATE 8/22/22		
INSPECTOR <i>[Signature]</i>	EPHS NO.	FOLLOW-UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF FOLLOW-UP

Handwash sign & thermometer

Missouri Department of Health and Senior Service
 Bureau of Environmental Health Services
 Food Establishment Pre-Opening Checklist

Date: 8/22/22

New Establishment
 Moved

Change of Owner

Establishment/Vendor Information

Establishment/Vendor Name: Danyelle Pool
 Address: 810 Church St. City: BG State: _____ Zip: _____
 Phone: 573-476-2004 Fax: _____ E-mail: _____
 Days of Operation: S-S Hours of Operation: 7-2 9-2
 M-F S/S

Number of employees (both full-time and part-time): _____ Total amount of square footage for the building: _____

SERVICE TYPE

Please check one or more boxes to indicate the type of service you will offer:

<input type="checkbox"/> Buffet	<input type="checkbox"/> Table	<input checked="" type="checkbox"/> Counter	<input type="checkbox"/> Drive-thru	<input type="checkbox"/> Delivery	<input type="checkbox"/> Catering	<input type="checkbox"/> Carry out	<input type="checkbox"/> Samples
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The pre-opening inspection checklist is used by this agency as a tool to assist in determining a Food Establishment's eligibility to operate. The food establishment still must comply with all the requirements of the Missouri Food Code. In the event there is a conflict or a discrepancy between the Food Code and the pre-opening inspection checklist, the Food Establishment must comply with the Food Code.

Item	Yes	No	N/A
1. Water Source/Capacity			
A. Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Non-Community & Private (sample results satisfactory)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Adequate supply (hot & cold under pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Approved backflow/back siphonage devices in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sewage Disposal			
A. Public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Private	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Grease trap/interceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Adequate restroom available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Premises			
A. Graded to drain and maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Outdoor cooking properly protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Floors			
A. Grease resistant, easily cleanable and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Coved floor-wall juncture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Walls/Ceilings			
A. Constructed of smooth and easily cleanable, nonabsorbent materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No beams or no piping is exposed in food preparation and storage areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Hand sinks			
A. Hand sinks provided in the following areas:			
- Food preparation area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Dishwashing area(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Busing, wait station, service area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Bar area(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot water (>100°F), drying device, waste basket and signage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Three Compartment Sink			
A. Three compartment sink, with drain stoppers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hot and cold running water supplied to all compartments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Adequate drain boards provided or drying racks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Indirectly plumbed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Dishwasher			
A. Dishwashing machine provides a final hot water sanitizing rinse to code	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Dishwashing machine sanitizes with a chemical sanitizer to code, alarm present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Food Preparation Sink Provided, indirect plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Service Sink (Mop Sink) provides hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Item	Yes	No	N/A
11. Test Strips for Chemical Sanitizer			
A. Test strips provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>