

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

DATE 4/1/22  
 PAGE 1 OF 1

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<br><u>Up in Smoke</u> |   | OWNER<br><u>Ronnie Woods</u> | PERSON IN CHARGE      |   |
| ADDRESS<br><u>15250 Pike 31</u>          |   | ESTABLISHMENT LICENSE NO.    | COUNTY<br><u>Pike</u> | REGION  |
| CITY/ZIP CODE<br><u>Cumminville</u>      | TELEPHONE NUMBER<br><u>573 721 5425</u> | FAX NUMBER                   |                       | P.H. PRIORITY<br><input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L |

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 checked="" type="checkbox"/> Mobile |
| <input 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<br><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private | WATER SUPPLY<br><input type="checkbox"/> Community <input checked="" type="checkbox"/> Non-Community <input type="checkbox"/> Private<br>Date Sampled: <u>July 2021</u> Result: <u>at least</u> | FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License Number: _____ |
|--|---|--|

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<br>2-102.11<br>2-103.11    |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><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<br><input type="checkbox"/> N/O                              | Eating, tasting, drinking or tobacco use   | 2-401.11                            |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A | Cooling  | 3-501.14             |   |     |  |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/O                              | Discharges from eyes, nose, or mouth   | 2-401.12                            |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/O                              | Clean condition, cleaning procedure, when to wash, and where to wash                     | 2-301.11-12<br>2-301.14-15          |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/O                              | Bare hand contact with ready-to-eat foods  | 3-301.11                            |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" 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<br><input checked="" type="checkbox"/> N/A                              | Date marking and disposition                               | 3-501.17<br>3-501.18 |   |     |  |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/O                              | Receiving temperature / condition  | 3-202.11-19                         |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Records: shellstock tags, parasite destruction, required HACCP plan                      | 3-202.18<br>3-203.12<br>3-402.11-12 |   |     | <b>CONSUMER ADVISORY</b>   |  |                      |   |     |  |
| <b>PROTECTION FROM CONTAMINATION</b>   |  |                                     |   |     |  |  |                      |   |     |  |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/A   | Food segregated, separated and protected   | 3-302.11                            |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/A                              | Food contact surfaces cleaned & sanitized; cleaning frequency                            | 4-601.11A<br>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<br><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 type="checkbox"/> IN <input type="checkbox"/> OUT   | Discarding / reconditioning unsafe food  | 3-701.11                            |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              | Toxic substances properly identified, stored and used      | 7-1, 7-2, 7-3        |   |     |  |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b>  |  |                                     |   |     |  |  |                      |   |     |  |
|  |  |                                     |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input checked="" type="checkbox"/> N/A                              | Additives / approved, unapproved                           | 3-202.12<br>3-302.14 |   |     |  |
|  |  |                                     |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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)<br><u>Ronnie Woods</u>                      | DATE<br><u>4/1/2022</u> |
| INSPECTOR<br><u>[Signature]</u>  | EPHS NO.                |
| FOLLOW-UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                         |
| DATE OF FOLLOW-UP  |                         |