

**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: Bankheads Candies OWNER: Laura Portwood PERSON IN CHARGE: \_\_\_\_\_  
 ADDRESS: 810 Bus Hwy 6/W ESTABLISHMENT LICENSE NO.: \_\_\_\_\_ COUNTY: Pike REGION: \_\_\_\_\_  
 CITY/ZIP CODE: Bowling Green 63334 TELEPHONE NUMBER: 573-324-2312 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

| FOOD PRODUCT        | TEMP | LOCATION | FOOD PRODUCT | TEMP | LOCATION |
|---------------------|------|----------|--------------|------|----------|
| <u>all temps ok</u> |      |          |              |      |          |
|                     |      |          |              |      |          |
|                     |      |          |              |      |          |

**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 checked="" 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<br><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<br><input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A            | Cooling  | 3-501.14             |   |     |
|  | <b>GOOD HYGIENIC PRACTICES</b>   |                                     |   |     | <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<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            | Hot holding  | 3-501.16             |   |     |
| <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/O <input type="checkbox"/> N/A            | Date marking and disposition                               | 3-501.17<br>3-501.18 |   |     |
| <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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input type="checkbox"/> N/O            | 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<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/O            | Receiving temperature / condition  | 3-202.11-19                         |   |     |   | <b>HIGHLY SUSCEPTIBLE POPULATIONS</b>                      |                      |   |     |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT<br><input type="checkbox"/> N/O                       | Records: shellstock tags, parasite destruction, required HACCP plan                      | 3-202.18<br>3-203.12<br>3-402.11-12 |   |     | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT<br><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<br><input checked="" type="checkbox"/> N/A | Food contact surfaces cleaned & sanitized; cleaning frequency                            | 4-601.11A<br>4-602.11               |   |     | <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   | 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<br><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): \_\_\_\_\_ DATE: 11/29/23

INSPECTOR: \_\_\_\_\_ 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<br><i>Bankheads Candies</i> | ADDRESS<br><i>810 Bus Hwy 61N</i> | CITY<br><i>86</i> |
|--|-----------------------------------|-------------------|

| FOOD CODE REFERENCES                         | CRITICAL ITEMS |   |                   |       |
|--|----------------|---|-------------------|-------|
|  | 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. |
| <b>2 MANAGEMENT/PERSONNEL</b>                |                |   |                   |       |
| 2-1 Supervision                              |                |   |                   |       |
| 2-2 Employee Health                          |                |   |                   |       |
| 2-3 Personal Cleanliness                     |                |   |                   |       |
| 2-4 Hygienic Practices                       |                |   |                   |       |
| <b>3 FOOD</b>                                |                |   |                   |       |
| 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           |                |   |                   |       |
| <b>4 EQUIP. UTENSILS &amp; LINENS</b>        |                |   |                   |       |
| 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                     |           |   |                   |       |
|--|-----------|---|-------------------|-------|
|  | 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. |
| <b>5 WATER, PLUMBING &amp; WASTE</b>   |           |   |                   |       |
| 5-1 Water Source, Quality, Capacity    |           | <i>floor &amp; wall in kitchen needs cleaning.</i>  |                   |       |
| 5-2 Plumbing                           |           |   |                   |       |
| 5-3 Mobile Water Tanks                 |           | <i>only regular household bleach is allowed</i>   |                   |       |
| 5-4 Sewage & Rainwater                 |           | <i>NO low-splash or sealed</i>  |                   |       |
| 5-5 Refuse & Recyclables               |           |   |                   |       |
| <b>6 PHYSICAL FACILITIES</b>           |           |   |                   |       |
| 6-1 Materials for Construction         |           | <i>marble top table needs cleaning</i>  |                   |       |
| 6-2 Design, Construction, Installation |           |   |                   |       |
| 6-3 Numbers & Capacities               |           | <i>back door in kitchen needs finished</i>  |                   |       |
| 6-4 Location & Placement               |           |   |                   |       |
| 6-5 Maintenance & Operation            |           |   |                   |       |
| <b>7 POISONOUS OR TOXIC ITEMS</b>      |           |   |                   |       |
| 7-1 Labeling & Identification          |           |   |                   |       |
| 7-2 Supplies & Applications            |           |   |                   |       |
| 7-3 Storage & Display                  |           |   |                   |       |

**EDUCATION PROVIDED OR COMMENTS**

|  |                         |  |                   |
|--|-------------------------|--|-------------------|
| RECEIVED BY (PERSON IN CHARGE/TITLE)<br><i>[Signature]</i> | DATE<br><i>11/29/23</i> |  |                   |
| INSPECTOR<br><i>[Signature]</i>                            | EPHS NO.                | FOLLOW-UP<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE OF FOLLOW-UP |