SAVE PRINT RESET

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 9:35am	TIME OUT 11:00am
DATE 6/12/2026	PAGE 1 of 2

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:	OWNER:	PERSON IN CHARGE:
Lindy's Morning Table	Lindy Roth	Lindy Roth, Owner
ADDRESS: 8515 Main Street	ESTABLISHMENT NUMBER:	COUNTY: Perry - 157
CITY/ZIP: Altenburg, MO 63732	PHONE: / FAX:	P.H. PRIORITY : ☐ H ■ M ☐ L

ESTABLISHMENT TYPE
■ BAKERY ☐ RESTAURANT ☐ C. STORE ☐ SCHOOL ☐ CATERER ☐ SENIOR CENTER ☐ DELI ☐ SUMMER F.P. ☐ GROCERY STORE ☐ TAVERN ☐ INSTITUTION ☐ TEMP.FOOD ☐ MOBILE VENDORS

PURPOSE
☐ Pre-opening ■ Routine ☐ Follow-up ☐ Complaint ☐ Other _____

FROZEN DESSERT
☐ Approved ☐ Disapproved ■ Not Applicable
License No. _____

SEWAGE DISPOSAL
■ PUBLIC ☐ PRIVATE

WATER SUPPLY
■ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE
Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R
✔ OUT	Person in charge present, demonstrates knowledge, and performs duties		
	Employee Health		
✔ OUT	Management awareness; policy present		
✔ OUT	Proper use of reporting, restriction and exclusion		
	Good Hygienic Practices		
✔ OUT N/O	Proper eating, tasting, drinking or tobacco use		
✔ OUT N/O	No discharge from eyes, nose and mouth		
	Preventing Contamination by Hands		
✔ OUT N/O	Hands clean and properly washed		
✔ OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed		
✔ OUT	Adequate handwashing facilities supplied & accessible		
	Approved Source		
✔ OUT	Food obtained from approved source		
IN OUT ✔ N/O N/A	Food received at proper temperature		
✔ OUT	Food in good condition, safe and unadulterated		
IN OUT N/O ✔ N/A	Required records available: shellstock tags, parasite destruction		
	Protection from Contamination		
✔ OUT N/A	Food separated and protected		
✔ OUT N/A	Food-contact surfaces cleaned & sanitized		
✔ OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food		

Compliance	Potentially Hazardous Foods	COS	R
IN OUT ✔ N/O N/A	Proper cooking, time and temperature		
IN OUT ✔ N/O N/A	Proper reheating procedures for hot holding		
IN OUT ✔ N/O N/A	Proper cooling time and temperatures		
IN OUT ✔ N/O N/A	Proper hot holding temperatures		
IN ✔ OUT N/A	Proper cold holding temperatures		
✔ OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O ✔ N/A	Time as a public health control (procedures / records)		
	Consumer Advisory		
IN OUT ✔ N/A	Consumer advisory provided for raw or undercooked food		
	Highly Susceptible Populations		
IN OUT N/O ✔ N/A	Pasteurized foods used, prohibited foods not offered		
	Chemical		
IN OUT ✔ N/A	Food additives: approved and properly used		
✔ OUT	Toxic substances properly identified, stored and used		
	Conformance with Approved Procedures		
IN OUT ✔ N/A	Compliance with approved Specialized Process and HACCP plan		

The letter to the left of each item indicates that item's status at the time of the inspection.
IN = in compliance OUT = not in compliance
N/A = not applicable N/O = not observed
COS=Corrected On Site R=Repeat Item

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R
✔		Pasteurized eggs used where required		
✔		Water and ice from approved source		
		Food Temperature Control		
✔		Adequate equipment for temperature control		
✔		Approved thawing methods used		
✔		Thermometers provided and accurate		
		Food Identification		
✔		Food properly labeled; original container		
		Prevention of Food Contamination		
✔		Insects, rodents, and animals not present		
✔		Contamination prevented during food preparation, storage and display		
✔		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry		
✔		Wiping cloths: properly used and stored		
✔		Fruits and vegetables washed before use		

IN	OUT	Proper Use of Utensils	COS	R
	✔	In-use utensils: properly stored	✔	
✔		Utensils, equipment and linens: properly stored, dried, handled		
✔		Single-use/single-service articles: properly stored, used		
✔		Gloves used properly		
		Utensils, Equipment and Vending		
✔		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
✔		Warewashing facilities: installed, maintained, used; test strips used		
✔		Nonfood-contact surfaces clean		
		Physical Facilities		
✔		Hot and cold water available; adequate pressure		
✔		Plumbing installed; proper backflow devices		
✔		Sewage and wastewater properly disposed		
✔		Toilet facilities: properly constructed, supplied, cleaned		
✔		Garbage/refuse properly disposed; facilities maintained		
✔		Physical facilities installed, maintained, and clean		

Person in Charge /Title: Melinda Roth Lindy Roth, Owner Date: 6/12/2026

Inspector: Katelyn Krauss Katelyn Krauss Telephone No. (573)547-6564 PHES No. 1821

Follow-up: ☐ Yes ■ No
Follow-up Date: N/A

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ESTABLISHMENT NAME	ADDRESS	CITY /ZIP
Lindy's Morning Table	8515 Main Street	Altenburg, MO 63732

FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Pro-Kold Cooler Ambient	60.0*	Master-bilt cooler	52.0*
Bread Pudding - Pro-Kold Cooler	61.0*	Gravy in Master-bilt cooler	52.0*
True Cooler	39.0	Whole milk in Master-bilt cooler	49.0*
Fridgiaire freezer	-1.0		

Code Reference	**PRIORITY ITEMS** Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. **These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.**	Correct by (date)	Initial
3-501.16 (B)	Observed: Master-bilt cooler ambient temp was at 52.0° F. Gravy in master-bilt was temping at 52.0° F. Whole milk was temping at 49.0° F. Orange juice was temping at 48.0° F. Egg and cheese casserole was temping at 51.0° F. Pro-kold cooler ambient temp was 61.0° F. Bread pudding and strawberry poke cake was temping at 61.0° F. Comment: Gravy, whole milk, orange juice, and egg and cheese casserole was voluntarily discarded by owner. Other items were moved to True cooler during inspection. Bread pudding and Strawberry poke cake was voluntarily discarded by owner. Owner will be closing facility on 6/13/2026. When facility opens back up items will be kept in True cooler until Master-bilt is fixed. Items in pro-kold coolers will be kept in true cooler until pro-kold looked at. Onwer has contacted someone to come look at both coolers.	6/17/2026	MR

Code Reference	**CORE ITEMS** Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). **These items are to be corrected by the next regular inspection or as stated.**	Correct by (date)	Initial
3-304.12 (E)	Observed: The ice scoop handle was touching the ice. Corrected: The owner placed the scoop in a cup inside the freezer to help with cross contamination.	COS	MR
6-202.14	Observed: Restroom door is not self-closing.	7/14/2026	MR
	Facility uses an approved sanitizer. 3-compartment sink concentration was at 50 parts per million during inspection. Inspector verified concentration with a test strip during inspection.		

EDUCATION PROVIDED OR COMMENTS

Ice maker, fryer and flat top is not being used by facility.

Person in Charge /Title: Lindy Roth, Owner			Date: 6/12/2026
Inspector: Katelyn Krauss	Katelyn Krauss	Telephone No. (573)547-6564 PHES No. 1821	Follow-up: ☐Yes ☒No Follow-up Date: N/A