



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

TIME IN	10:15 am	TIME OUT	11:00 am
DATE	01/03/2020	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: St. Vincent High School	OWNER: St. Vincent de Paul Church	PERSON IN CHARGE: Tammy Lohmann
ADDRESS: 21 S. Water Street	ESTABLISHMENT NUMBER:	COUNTY: Perry - 157
CITY/ZIP: Perryville, MO 63775	PHONE: 573-547-4300 ext. 247	FAX:
ESTABLISHMENT TYPE		P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

<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 VENDORS
<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"/> TEMP.FOOD	
PURPOSE						
<input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____						

FROZEN DESSERT	SEWAGE DISPOSAL	WATER SUPPLY	NON-COMMUNITY	PRIVATE
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> PUBLIC	<input checked="" type="checkbox"/> COMMUNITY	<input type="checkbox"/> NON-COMMUNITY	<input type="checkbox"/> PRIVATE
License No. _____	<input type="checkbox"/> 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	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
Employee Health				IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness, policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
Good Hygienic Practices				IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
Preventing Contamination by Hands					Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
Approved Source					Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
Protection from Contamination							
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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	IN	OUT	Proper Use of Utensils	COS	R
		Pasteurized eggs used where required					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control					Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control					Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate				<input checked="" type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification				<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled: original container				<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge /Title:	<i>Tammy Lohmann</i>	Tammy Lohmann	Date:	01/03/2020
Inspector:	<i>Melanie Zernicke</i>	Melanie Zernicke	Telephone No.	573-547-6564
			EPHS No.	1682
			Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date:	



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ESTABLISHMENT NAME St. Vincent High School		ADDRESS 21 S. Water Street		CITY /ZIP Perryville, MO 63775	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

Note: Inspector observed installation of a separate hand wash sink by grill area in kitchen and a manual 3-compartment sink next to the CNA dish machine in kitchen area. Sanitizer used for dishes and food equipment in sanitizing compartment of manual 3-compartment sink is approved ECO San chlorine sanitizer which is mixed to a concentration of 50 parts per million (ppm). Inspector verified concentration of sanitizer using a chlorine test kit during inspection.

Note: Shelving in kitchen area is repainted and facility plans on painting exposed wood in serving area for the 2020-2021 school year.

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

EDUCATION PROVIDED OR COMMENTS			
The purpose of this visit was to verify the correction of items found in non-compliance during routine inspection conducted on 10/30/2019. All items noted during annual inspection appear to be corrected at this time.			

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Inspector: <i>Melanie Zernicke</i> Melanie Zernicke	Telephone No. 573-547-6564	EPHS No. 1682
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date: