



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

TIME IN 0840	TIME OUT 1125
PAGE 1 of 4	

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: Crown Food Retail	OWNER: Jesse and Robb Hanson	PERSON IN CHARGE: Jesse Hanson
ADDRESS: 14 Court Sq Alton	PHONE: 417 738 7574	FAX:
CITY/ZIP: Alton 65106	PHONE:	FAX:
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 type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS	P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other	FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	
SEWAGE DISPOSAL <input 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 _____ 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			IN 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		
IN 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		
IN 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						
IN OUT N/A	Food separated and protected						
IN 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				✓	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification				✓	Washing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container				✓	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
✓		Insects, rodents, and animals not present				✓	Hot and cold water available; adequate pressure		
✓		Contamination prevented during food preparation, storage and display				✓	Plumbing installed; proper backflow devices		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				✓	Sewage and wastewater properly disposed		
✓		Wiping cloths: properly used and stored				✓	Toilet facilities: properly constructed, supplied, cleaned		
✓		Fruits and vegetables washed before use				✓	Garbage/refuse properly disposed; facilities maintained		
						✓	Physical facilities installed, maintained, and clean		

Person in Charge / Title: Jessa Hanson	Date: 5-18-22
Inspector: [Signature]	Telephone No.: 417 738 7450
EPHS No.: 1750	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 5-25-22



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

TIME IN 6:40	TIME OUT 11:25
PAGE 2 of 4	

ESTABLISHMENT NAME <i>Corn Fed Rascal</i>		ADDRESS <i>14 Court Square</i>		CITY <i>Alton</i>	ZIP <i>65106</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Cherry Pie Front Cooler</i>		<i>37.4°F</i>	<i>Water at Women's Public Restroom Sink</i>		<i>12.7°F</i>
<i>SAUCE in Front Cold Storage Cooler</i>		<i>37.6°F</i>	<i>Margarine in Walkin Cooler</i>		<i>34°F</i>
<i>Water @ Kitchen Hand Wash Sink</i>		<i>115.6°F</i>	<i>Chicken in Walk in deep freezer</i>		<i>2°F</i>
<i>Pork Chops in Kitchen Freezer</i>		<i>5.6°F</i>	<i>Brown Gravy hot holding</i>		<i>141°F</i>
<i>Fish in back Kitchen Cooler</i>		<i>38.4°F</i>	<i>White Gravy hot holding</i>		<i>131°F</i>

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
<input checked="" type="checkbox"/> 2-102.11	<i>Person in charge unaware of health policy needed for employees. Policy not posted.</i>		
<input checked="" type="checkbox"/> 2-603.11	<i>Consumer disclosure advisory regarding health hazards of eating raw shellfish not available in menu or posted in facility.</i>	<i>5-25-22</i>	
<input checked="" type="checkbox"/> 3-302.11	<i>Raw Eggs stored over ready to serve uncovered pies in front food service cooler.</i>		
<input checked="" type="checkbox"/> 4-601.11	<i>Sea urchins ready to use stored directly on floor under sink plumbing lines. Pickups falling over scattered on floor on top of cleaning cloths with need buildup of dirt. Ready to use food containers stored on shelf being used to prop up maps between uses.</i>		

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
<input checked="" type="checkbox"/> 4-601.11C	<i>Exercise of Ice Machine need to have buildup of dust, dirt, and debris.</i>	<i>5-25-22</i>	
<input checked="" type="checkbox"/> 4-204.112	<i>Thermometer not present in back kitchen cooler.</i>		
<input checked="" type="checkbox"/> 3-302.11A4	<i>Ready to serve/ready prepared Salads in front service cooler stored uncovered and open to air.</i>		
<input checked="" type="checkbox"/> 4-601.11C	<i>Buffet area not cleaned. Water used to heat under food service containers (left stagnant) following buffet use. Waste emptied/discharged weekly, before next buffet service. Dead bugs, old food, accumulation of grime and debris noted in water. Educated to clean after buffet use. Notice than waiting a week and cleaning before washing again.</i>		
<input checked="" type="checkbox"/> 16-101.11A	<i>In front service area in multiple places, floor tiles have broken and are missing. Surface is no longer smooth or cleanable.</i>		
<input checked="" type="checkbox"/> 16-201.11	<i>Under 3rd kitchen sink, there is a gap in finish in wall exposing boards and inner wall materials.</i>		
<input checked="" type="checkbox"/> 3-602.11	<i>Dry goods in use, foods not in original containers stored in coolers unlabeled.</i>		
<input checked="" type="checkbox"/> 4-403.11B	<i>Employee belongings, such as tobacco products, lozenges, OTC medications, chewing gum, and chewing gum stored in food prep/service and coffee areas.</i>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge/Title: <i>Jessica Hancock</i>		Date: <i>5-18-22</i>	
Inspector: <i>John C. [Signature]</i>	Telephone No. <i>417-716-7450</i>	EPHS No. <i>1750</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <i>5-25-22</i>



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

TIME IN <i>10:40</i>	TIME OUT <i>11:25</i>
PAGE <i>3</i> of <i>4</i>	

ESTABLISHMENT NAME <i>Corn Fed Pasaal</i>		ADDRESS		CITY <i>Alton</i>	ZIP <i>65606</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/ LOCATION		TEMP.

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
<i>1-201.11</i>	<i>Chemicals stored alongside napkins directly on floor near food service counter</i>	<i>5/25/22</i>	

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
<i>3-501.13</i>	<i>Raw hamburger and Raw fish fillets set out at room temperature to thaw.</i>	<i>5/25/22</i>	
<i>6-501.14</i>	<i>Handwashing signage not posted at all sinks.</i>		
<i>6-501.11</i>	<i>Vent in Women's restroom used to have large accumulation of dust/dirt/debris. No entry noted in Men's restroom.</i>		
<i>5-501.17</i>	<i>Trash receptacle in stall of Women's restroom missing lid. * Repeat *</i>		
<i>6-202.11</i>	<i>Lightbulb in walk-in freezer has no protective shielding.</i>		
<i>4-501.16</i>	<i>Mops stored directly on floor between mats.</i>		
<i>6-202.15</i>	<i>Exterior of building zip seal not open, leading to open bearing inside of building. Rodents, animals easily able to enter areas where equipment stores clean cloths, aprons, etc., and door access to clothing area.</i>		
<i>5-501.11e</i>	<i>Dumpster doors noted left open between mats.</i>		
<i>3-305.11</i>	<i>Dry goods such as sugar and flour, stored in bins without lids, open to contamination.</i>		
<i>6-501.11</i>	<i>Countertop at hot service station cracked and split, floor pooled in area, surface not smooth or cleanable.</i>		

EDUCATION PROVIDED OR COMMENTS

*Educated on proper thawing methods; hot holding procedures.*

Person in Charge / Title <i>Jason Henson</i>		Date: <i>5-18-22</i>	
Inspector: <i>Alba C. Nelson</i>	Telephone No. <i>417 767-7450</i>	EPHS No. <i>1750</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: <i>5/25/22</i>



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

TIME IN 0840	TIME OUT 1125
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ESTABLISHMENT NAME <i>Louisa's Rasca's</i>	ADDRESS	CITY <i>Alton</i>	ZIP <i>65746</i>
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOCATION	TEMP.

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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial

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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
✓ 3-304.14	Wiping cloths, <del>dirty</del> clean dry and ready for use, stored in mop room in bucket mixed in with mop heads on floor. Mop heads and cleaning cloths stored together between uses.	5-25-22	
✓ 11-501.12	Food carts, plates, containers, areas of kitchen and food service area noted to have accumulation of dirt/food debris build up. Mop sink used for storage of sleeping bag, and clean ready to use aprons.		↓

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Jessica Henderson</i>	Date: <i>5-16-22</i>		
Inspector: <i>Sheila B...</i>	Telephone No. <i>417-778-1450</i>	EPHS No. <i>1750</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: <i>5-25-22</i>



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

TIME IN 1100	TIME OUT 1130
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: <i>Corral Red Kebab</i>	OWNER: <i>Tanya &amp; Rick Hanson</i>	PERSON IN CHARGE: <i>Tanya Hanson</i>
ADDRESS: <i>14 Court Sq</i>		COUNTY: <i>Oregon</i>
CITY/ZIP: <i>Alton 97006</i>	PHONE: <i>716 7577</i>	FAX:
P.H. PRIORITY: <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"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	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 _____ 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			IN 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		
IN 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		
IN 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						
IN OUT N/A	Food separated and protected						
IN 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			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			✓		Warewashing facilities: installed, maintained, used; test strips used		
✓		Food properly labeled; original container			✓		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
✓		Insects, rodents, and animals not present			✓		Hot and cold water available; adequate pressure		
✓		Contamination prevented during food preparation, storage and display			✓		Plumbing installed; proper backflow devices		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Sewage and wastewater properly disposed		
✓		Wiping cloths: properly used and stored			✓		Toilet facilities: properly constructed, supplied, cleaned		
✓		Fruits and vegetables washed before use			✓		Garbage/refuse properly disposed; facilities maintained		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Tanya Hanson</i>	Date: <i>5-25-22</i>
Inspector: <i>John C. ...</i>	Telephone No. <i>417 716 7450</i>
EPHS No. <i>1750</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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

TIME IN 1100	TIME OUT 1130
PAGE 2 of 2	

ESTABLISHMENT NAME <i>Crowned Royal</i>		ADDRESS <i>14 Point Sq</i>		CITY <i>Alton</i>		ZIP <i>65700-6</i>	
FOOD PRODUCT/LOCATION		TEMP.		FOOD PRODUCT/LOCATION		TEMP.	

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
	Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>		
	<i>No findings</i>		

Code Reference	CORE ITEMS	Correct by (date)	Initial
	Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>		
6-101.11A	<i>In multiple places of front service area, floor tiles have broken/peeled up. Surface no longer smooth or cleanable.</i>	<i>Next</i>	<i>TH</i>
5-501.17	<i>No trash receptacle with lid noted in 1st stall of women's restroom.</i>	<i>Routine</i>	
6-202.11	<i>Lightbulb in walk in freezer missing protective shielding/covers.</i>		
6-202.15	<i>Exterior of building exposed to interior, leaving open flooring inside of building.</i>		
6-501.11	<i>Countertop at tea service station cracked and split; surface no longer smooth or cleanable.</i>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Deann Henson</i>	Date: <i>5-25-22</i>
Inspector: <i>Steve C. ...</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. <i>417 718 7450</i>	Follow-up Date:
EPHS No. <i>1750</i>	