



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

TIME IN 1330	TIME OUT 1520
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>Nancy Queen</i>	OWNER: <i>Kurt Ramsell</i>	PERSON IN CHARGE: <i>Terese Tillman</i>
ADDRESS: <i>101 St Rt 19</i>	CITY/ZIP: <i>Thayer 65791</i>	COUNTY: <i>Oregon</i>
PHONE: <i>417 264 2138</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 checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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		X
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
X		Pasteurized eggs used where required				X	In-use utensils: properly stored		
X		Water and ice from approved source				X	Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control				X	Single-use/single-service articles: properly stored, used		
X	X	Adequate equipment for temperature control				X	Gloves used properly		
X		Approved thawing methods used					Utensils, Equipment and Vending		
X	X	Thermometers provided and accurate				X	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification				X	Washing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container				X	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
X		Insects, rodents, and animals not present				X	Hot and cold water available; adequate pressure		
X	X	Contamination prevented during food preparation, storage and display				X	Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				X	Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored				X	Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use				X	Garbage/refuse properly disposed; facilities maintained		
						X	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Terese Tillman</i>	Date: <i>3-22-22</i>		
Inspector: <i>Allye Collier RN</i>	Telephone No. <i>417 718 7450</i>	EPHS No. <i>1750</i>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: <i>3-29-22</i>





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

TIME IN 1330 TIME OUT 1520  
PAGE 2 of 2

ESTABLISHMENT NAME <i>Mary Queen</i>		ADDRESS		CITY <i>Thayer</i>	ZIP <i>65791</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Precooked Chicken Fridge #1</i>		<i>31°F</i>	<i>Hot dogs - Walk in Refrigerator</i>		<i>40°F</i>
<i>Hotdogs Fridge #2</i>		<i>42°F</i>	<i><del>Hot</del> Dessert Pieces in Walk in Deep Freezer</i>		<i>-4.8°F</i>
<i><del>Chicken Slices Fridge #3 AD</del></i>			<i>Cake in Self Serve Front Cooler</i>		<i>0.4°F</i>
<i>Tomato Slices Make Table #2</i>		<i>43°F</i>	<i>Bottled Water in drink cooler</i>		<i>38.2°F</i>
<i>Onion Rings in Deep Freezer</i>		<i>18°</i>	<i>Ice Cream Freezer at Dishwashing Station</i>		<i>17°F</i>

**PRIORITY ITEMS**  
Code Reference 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

- ✓ 4-302.11 Staff were unaware of where test strips were for sanitizer, how to use strips, or that they were supposed to be using them. 3-29-22
- ✓ 3-101.11 Frozen foods, completely exposed and uncovered, stored in deep freezer with insulation exposed across interior of freezer lid over open food. #
- ✓ 1-202.12(B) Carline in jugs, Power Washer with gasoline stored in dry storage area. \*COS\* #
- 16-501.114 Back room/dry storage area contains unnecessary items and litter. \*Repeat 3rd yr violation; now a Priority\* #
- 3-501.173 Bagged lettuce, lettuce open at make tables, not properly marked with date or time. ✓

\*Called Teresa from office 3-22-22 @ also notified her she needed to remove propane torch tank from facility that had been stored in kitchen under bun roaster. #

**CORE ITEMS**  
Code Reference 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

- 4-204.112 Of all cooling units/freezers in use, was only able to locate one thermometer in facility's coolers, refrigerators or freezers. None were present in make areas. 3-29-22
- 3-302.11 A4 Onion rings in deep freeze left with no covering, completely exposed. Cheese slices in fridge #3, hot dogs in fridge #2 completely unwrapped/exposed. #
- ✓ 16-202.12 Vents over deep freezer noted to have accumulation of dirt/debris.
- ✓ 4-904.118 Service utensils stored together in tubs where handles and service spoons are mixed with each other.
- 4-501.11 A and B Deep freezer noted to have broken/teared seals; no longer intact.
- ✓ 4-601.11 C Non contact food surfaces, such as shelves, bun toasting oven shelving, and other areas throughout facility noted to have an accumulation of dirt/debris.
- 16-501.12 Physical facilities in kitchen areas noted to have accumulation of dirt/food debris. ✓

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: *Teresa Gallman* Date: *3-22-22*  
 Inspector: *Sha'Del R.* Telephone No. *417 718 7450* EPHS No. *1750*  
 Follow-up:  Yes  No  
 Follow-up Date: *3-29-22*





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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TIME IN 1330	TIME OUT 1415
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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>Daicy Queen</i>	OWNER: <i>Kurt Romseur</i>	PERSON IN CHARGE: <i>Teresa Tillman</i>
ADDRESS: <i>101 St Rt 19</i>	CITY/ZIP: <i>Thayer 65791</i>	COUNTY: <i>Oregon</i>
PHONE: <i>417 264 2138</i>	FAX:	P.H. PRIORITY: <input checked="" 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 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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
<i>IN</i> <i>OUT</i>	Person in charge present, demonstrates knowledge, and performs duties			<i>IN</i> <i>OUT</i> N/O N/A	Proper cooking, time and temperature		
	Employee Health			<i>IN</i> <i>OUT</i> N/O N/A	Proper reheating procedures for hot holding		
<i>IN</i> <i>OUT</i>	Management awareness; policy present			<i>IN</i> <i>OUT</i> N/O N/A	Proper cooling time and temperatures		
<i>IN</i> <i>OUT</i>	Proper use of reporting, restriction and exclusion			<i>IN</i> <i>OUT</i> N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<i>IN</i> <i>OUT</i> N/A	Proper cold holding temperatures		
<i>IN</i> <i>OUT</i> N/O	Proper eating, tasting, drinking or tobacco use			<i>IN</i> <i>OUT</i> N/O N/A	Proper date marking and disposition		
<i>IN</i> <i>OUT</i> N/O	No discharge from eyes, nose and mouth			<i>IN</i> <i>OUT</i> N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<i>IN</i> <i>OUT</i> N/O	Hands clean and properly washed			<i>IN</i> <i>OUT</i> N/A	Consumer advisory provided for raw or undercooked food		
<i>IN</i> <i>OUT</i> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<i>IN</i> <i>OUT</i>	Adequate handwashing facilities supplied & accessible			<i>IN</i> <i>OUT</i> N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<i>IN</i> <i>OUT</i>	Food obtained from approved source			<i>IN</i> <i>OUT</i> N/A	Food additives: approved and properly used		
<i>IN</i> <i>OUT</i> N/O N/A	Food received at proper temperature			<i>IN</i> <i>OUT</i>	Toxic substances properly identified, stored and used		
<i>IN</i> <i>OUT</i>	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<i>IN</i> <i>OUT</i> N/O N/A	Required records available: shellstock tags, parasite destruction			<i>IN</i> <i>OUT</i> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<i>IN</i> <i>OUT</i> N/A	Food separated and protected						
<i>IN</i> <i>OUT</i> N/A	Food-contact surfaces cleaned & sanitized						
<i>IN</i> <i>OUT</i> 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.  
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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
<i>✓</i>		Pasteurized eggs used where required			<i>✓</i>		In-use utensils: properly stored		
<i>✓</i>		Water and ice from approved source			<i>✓</i>		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<i>✓</i>		Single-use/single-service articles: properly stored, used		
<i>✓</i>		Adequate equipment for temperature control			<i>✓</i>		Gloves used properly		
<i>✓</i>		Approved thawing methods used					Utensils, Equipment and Vending		
	<i>✓</i>	Thermometers provided and accurate			<i>✓</i>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<i>✓</i>		Warewashing facilities: installed, maintained, used; test strips used		
	<i>✓</i>	Food properly labeled; original container			<i>✓</i>	<i>✓</i>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<i>✓</i>		Insects, rodents, and animals not present			<i>✓</i>		Hot and cold water available; adequate pressure		
	<i>✓</i>	Contamination prevented during food preparation, storage and display			<i>✓</i>		Plumbing installed; proper backflow devices		
<i>✓</i>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<i>✓</i>		Sewage and wastewater properly disposed		
<i>✓</i>		Wiping cloths: properly used and stored			<i>✓</i>		Toilet facilities: properly constructed, supplied, cleaned		
	<i>✓</i>	Fruits and vegetables washed before use			<i>✓</i>		Garbage/refuse properly disposed; facilities maintained		
					<i>✓</i>	<i>✓</i>	Physical facilities installed, maintained, and clean		<i>✓</i>

Person in Charge /Title: <i>Teresa Tillman</i>	Date: <i>3-29-22</i>		
Inspector: <i>Mike Dalen</i>	Telephone No. <i>417 778 1450</i>	EPHS No. <i>1750</i>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: <i>4-5-22</i>





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

TIME IN 1330	TIME OUT 1415
PAGE 2 of 2	

ESTABLISHMENT NAME <i>Maury Queen</i>		ADDRESS		CITY <i>Shaver</i>	ZIP <i>65791</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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
✓ 6-501.114	Bark room/dry storage area contains unnecessary items. (3rd Year violation)	4-5-22	
✓ 3-501.17B	Bagged lettuce, open under make tables, not closed or labeled with discard time.		↓ [Signature]

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
✓ 4-204.112	Thermometers not present in cooling units/Freezers throughout facility.	4-5-22	
✓ 4-501.112,B	Deep freezer noted to have fraying seals; not intact. Insulation exposed on inside of lid.		↓
✓ 6-501.12	Physical facilities in kitchen/storage areas noted to have an accumulation of dirt/food debris.		↓ [Signature]

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Phellman</i>		Date: <i>3-29-22</i>	
Inspector: <i>John Adams</i>	Telephone No. <i>417-778-7450</i>	EPHS No. <i>1750</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: <i>4-5-22</i>	





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

TIME IN 1035	TIME OUT 1110
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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>Danny Queen</i>	OWNER: <i>Kurt Ramsauer</i>	PERSON IN CHARGE: <i>Jeresa Tillman</i>
ADDRESS: <i>14 St Rt 19</i>		COUNTY: <i>Oregon</i>
CITY/ZIP: <i>Troger 65791</i>	PHONE: <i>417 264 2138</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 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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

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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						

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GOOD RETAIL PRACTICES

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

Person in Charge /Title: <i>Tillman</i>	Date: <i>4-5-22</i>		
Inspector: <i>John C. ...</i>	Telephone No. <i>417 778 7450</i>	EPHS No. <i>1750</i>	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: <i>4-12-22</i>





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

TIME IN 1035	TIME OUT 1110
PAGE 2 of 2	

ESTABLISHMENT NAME <i>Larry Queen</i>		ADDRESS		CITY <i>Thayer</i>	ZIP <i>65791</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. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
3-501.17B	Bagged lettuce, open under make table, and lettuce in bin in use at make table not labeled with discard times.	4-12-22	
✓ 3-106.11	Frozen hamburger patties and chicken patties completely exposed and uncovered while stored in deep freeze. Potentially hazardous foods such as sliced tomatoes sliced exposed in make refrigerator #3.		

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
✓ 4-501.11A.3	Deep freeze noted to have fraying seals, inside lid has broken down and insulation exposed.	4-12-22	
6-501.13	Physical facilities in kitchen/prep areas noted to have an accumulation of dirt/food debris.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>W. C. Hillman</i>	Date: <i>4-5-22</i>
Inspector: <i>Steve Campbell</i>	Telephone No. <i>417-778-7450</i> EPHS No. <i>1750</i>
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: <i>4-12-22</i>





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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>Naicy Queen</i>	OWNER: <i>Kurt Ramsell</i>	PERSON IN CHARGE: <i>Terese Tillman</i>
ADDRESS: <i>101 St Rt 19</i>	CITY/ZIP: <i>Thayer 65791</i>	COUNTY: <i>Oregon</i>
PHONE: <i>417 204 2138</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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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				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			
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						

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		
NO		Fruits and vegetables washed before use			✓		Garbage/refuse properly disposed; facilities maintained		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>J. Tillman</i>	Date: <i>4-12-23</i>		
Inspector: <i>Adelle C. ...</i>	Telephone No. <i>417 778 7450</i>	EPHS No. <i>1750</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			





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ESTABLISHMENT NAME <i>Daisy Queen</i>		ADDRESS		CITY <i>Shaver</i>	ZIP <i>65791</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.

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.**

	<i>No findings</i>		

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.**

	<i>No findings</i>		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>J. J. J. J.</i>			Date: <i>4-12-22</i>
Inspector: <i>John C. P. R.</i>	Telephone No. <i>417 778 7450</i>	EPHS No. <i>1750</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Follow-up Date:			