

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

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NO	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	THE REG	ULATORY AU	ITHORITY. F				
ESTABLISHMENT	OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD (OWNER:						PERSON IN CHARGE:					
ADDRESS:				ESTABLISHMENT NUMBER				R: COUN	COUNTY:				
CITY/ZIP:	PHONE:	FAX	FAX:				RIORITY :	Н	М	L			
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCE	RY STOR	RE	INSTITUTIO TEMP.FOOI		MOBILE	VENDO	RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other										
FROZEN DESSERT Approved Dis License No.	SEWAGE DISPOSA PUBLIC PRIVAT	C COMMUNITY NON-			OMMUNITY PRIVATE Sampled Results								
	<u> </u>	RISK FACT) INTE	RVENT	IONS							
Risk factors are food	preparation practices and employe	e behaviors most com	monly repor	ted to th	e Cente	ers for Dis	ease Co	ntrol and Preve	ention as cont	tributing fac	ctors in		
Compliance	eaks. Public health intervention Demonstration of K				ne llines mpliance	s or injury	y.	Potentially	Hazardous Fo	oods	С	OS R	
IN OUT	Person in charge present demor			IN (N TUC	I/O N/A	Proper	cooking, time					
	Employee He			IN (1/0 N/A		reheating pro					
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restricti				N OUT N/O N/A Proper cooling time and IN OUT N/O N/A Proper hot holding temper					ires			
IN OUT N/O	Good Hygienic Pr	actices		IN	OUT	N/A	N/A Proper cold holding temperatures						
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose a					<u>N/O N/A</u> N/O N/A		s a public heal					
	Preventing Contaminat	ion by Hands		IIN		N/O N/A	records		mer Advisory		_		
IN OUT N/O	Hands clean and properly wash			IN	OUT	N/A		Consumer Advisory Consumer advisory provided for raw or undercooked food					
IN OUT N/O No bare hand contact with ready-							undere		eptible Popula	ations			
IN OUT Adequate handwashing facilities s accessible				IN (N TUC	I/O N/A	Pasteu offered	rized foods us	ed, prohibited	I foods not			
	Approved Sou	irce					Ullereu		hemical				
IN OUT Food obtained from approved sour					OUT	N/A		od additives: approved and properly used xic substances properly identified, stored ar					
IN OUT N/O N/A				used			•						
IN OUT	Food in good condition, safe an			Complian				ce with Approved Procedures					
IN OUT N/O N/A	destruction	Required records available: shellstock tags, parasite destruction Protection from Contamination			IN OUT N/A and HACCP plan						33		
IN OUT N/A	Food separated and protected	ammation		The	letter to	the left o	f each ite	m indicates th	at item's statu	us at the tin	ne of the		
IN OUT N/A				inspection. IN = in compliance OUT = not in compliance									
IN OUT NO Proper disposition of returned, previous			N/A = not applicable					N/O = nc	N/O = not observed				
	reconditioned, and unsafe food		OD RETAIL			=Correcte	ed On Site	e R=Repe	at Item		_	_	
	Good Retail Practices are prever					ogens, ch	emicals,	and physical o	bjects into fo	ods.			
IN OUT	Safe Food and Wate	r III	COS R	IN	OUT			Proper Use of			COS	R	
	urized eggs used where required r and ice from approved source						e utensils: properly stored ils, equipment and linens: properly stored,			red. dried.			
				_	handled				ervice articles: properly stored, used				
Adequ	Food Temperature Contro Adequate equipment for temperature cont			_			used prop		es: properly s	tored, usec	<u> </u>		
Approved thawing methods used							Utensils, Equipment and Vending nd nonfood-contact surfaces cleanable, properly						
Them	nometers provided and accurate							d-contact surfa ucted, and use		le, properly	'		
Food Identification							shing fac	cilities: installed		, used; test	:		
Food properly labeled; original container Prevention of Food Contamination								surfaces clear					
Insec					Hot and	cold wat	Physical Fa er available; a		sure				
Conta	reparation, storage						d; proper back						
and display Personal cleanliness: clean outer clothing, hair r		ng, hair restraint,				Sewage	and was	tewater prope	rly disposed			_	
fingernails and jewelry Wiping cloths: properly used and stored				-		Toilet fa	pilet facilities: properly constructed, supplied, cleaned			_			
Fruits and vegetables washed before use						Garbage	arbage/refuse properly disposed; facilities maintained hysical facilities installed, maintained, and clean			maintained			
Person in Charge /1	Fitle: N. 114					Physica		installed, mai Date:	ntained, and o	ciean			
	provin			<u> </u>									
Inspector: Milan	F Zil Jayon Braa	ig j	Т	elepho	ne No.	EPH		Follow-up: Follow-up Da	ate:	Yes		No	
MO 580-1814 (9-13)	÷ † 6	DISTRIBUTION: WHITE -	OWNER'S COF	γ	(CANARY - FI						E6.37	



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	OOD ESTABLISHMENT IN		PAGE ² of						
ESTABLISHMENT NAME ADDRESS CITY					P				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	MP. in ° F FOOD PRODUCT/ LOCATION				TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY IT elimination, prevention or reduction F IMMEDIATE ACTION within 72	EMS to an acceptable level, haza	rds associated	I with foodborne illness	Correct by (date)	Initial		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE ITEI , operational controls, facilities or str s). These items are to be correct	ructures, equipment design,	general mainte ection or as s	enance or sanitation stated.	Correct by (date)	Initial		
							200		
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							JM		
		EDUCATION PROVID	DED OR COMMENTS						
Person in Ch	arge /Title: Jun Mu				Date:				
Inspector:	A CONT	n Brady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		
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ESTABLISHMENT NAME ADDRESS CITY /ZIP								
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/			ION	TEMP. ir	n°F	
Code		PRIORITY II	TEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	rds associated	l with foodborne illness	(date)		
Code		CORE ITE	MS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or st Ps). These items are to be correct	ructures, equipment design, ted by the next regular insp	general mainte ection or as s	enance or sanitation stated.	(date)		
							Jo	
		EDUCATION PROVI	DED OR COMMENTS					
Person in Ch	harge /Title:				Date:			
Inspector:	Milan Friend py	199. Brady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)	/ //	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C	OPY			E6.37A	