

## 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	CTION, OR SUCH SHORTER PE	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY 1	THE REGU	ACILITIES WHICH MUST BE CORRECT LATORY AUTHORITY. FAILURE TO			
ESTABLISHMENT N	OWNER:	IN THIS NOTICE MAY RESULT IN CI OWNER:			N OF YO		PERSON IN CHARGE:				
ADDRESS:					HMENT	NUMBER	COUNTY:				
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORITY : H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCE	RY STOR		INSTITUTION MOBILE V TEMP.FOOD	ENDOR	S	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disapproved Not Applicable License No.			IC COMMUNITY NO					ION-COMMUNITY PRIVATE Date Sampled Results			
	<u> </u>	RISK FAC		D INTE	RVENT	IONS					
Risk factors are food p	preparation practices and employe	ee behaviors most com	monly repor	rted to th	e Cente	ers for Dis	ease Cont	rol and Prevention as contributing factor	rs in	_	
Compliance	eaks. Public health intervention Demonstration of K				ne llines mpliance	, ,	y. I	Potentially Hazardous Foods	CO	S R	
IN OUT	Person in charge present, demo and performs duties			IN (	N TUC	N/O N/A	Proper c	ooking, time and temperature			
	Employee He			IN (		N/O N/A		eheating procedures for hot holding			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restrict			IN (	1 TUC	1/0 N/A		ooling time and temperatures			
IN OUT N/O	Good Hygienic Prac			IN	IN OUT N/A			old holding temperatures			
IN OUT N/O IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose a					<u>N/O N/A</u> N/O N/A		ate marking and disposition a public health control (procedures /			
	Preventing Contaminat	ion by Hands		IIN		N/O N/A	records)	Consumer Advisory			
IN OUT N/O	Llanda algon and preparly weahed			IN	OUT	N/A		er advisory provided for raw or			
IN OUT N/O No bare hand contact with ready-								ercooked food Highly Susceptible Populations			
IN OUT	N OUT Adequate handwashing facilities s accessible			IN (			Pasteuriz offered	steurized foods used, prohibited foods not			
	Approved Sou	ırce					Unered	Chemical			
IN OUT	Food obtained from approved s Food received at proper temper				OUT	N/A		ditives: approved and properly used bstances properly identified, stored and			
IN OUT N/O N/A				used		used					
IN OUT	Food in good condition, safe and unadultera					Conformance with Approved Procedures Compliance with approved Specialized Process					
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction Protection from Contamination						and HACCP plan				
IN OUT N/A	Food separated and protected	lammation		The	letter to	the left o	f each item	n indicates that item's status at the time	of the		
IN OUT N/A	Food-contact surfaces cleaned & sanitized			inspection. IN = in compliance OUT = not in compliance							
IN OUT N/O Proper disposition of returned, previously				IN = in compliance N/A = not applicable			licable	N/O = not observed			
IN OUT N/O	reconditioned, and unsafe food		OD RETAIL			=Correcte	ed On Site	R=Repeat Item	_	_	
	Good Retail Practices are prever					ogens, ch	emicals, ar	nd physical objects into foods.			
IN OUT	Safe Food and Wate	r	COS R	IN	OUT			roper Use of Utensils	COS	R	
	urized eggs used where required and ice from approved source							operly stored nt and linens: properly stored, dried,			
				handled							
Adequ	Food Temperature Contro Adequate equipment for temperature cont					use/single-service articles: properly stored, used used properly					
Approved thawing methods used						Utensils		s, Equipment and Vending			
Thermometers provided and accurate						Food and nonfood-conta designed, constructed, a		-contact surfaces cleanable, properly cted, and used			
Food Identification						Warewashing facilities: strips used		ities: installed, maintained, used; test			
Food properly labeled; original container						Nonfood	d-contact si	urfaces clean Physical Facilities			
Insect	Prevention of Food Contaminat Insects, rodents, and animals not present					Hot and	cold water	r available; adequate pressure			
Conta	Contamination prevented during food prepa and display							; proper backflow devices			
Personal cleanliness: clean outer clothing, hair restra fingernails and jewelry		ng, hair restraint,				Sewage	and waste	ewater properly disposed			
Wipin	Wiping cloths: properly used and stored						ilet facilities: properly constructed, supplied, cleaned				
	ts and vegetables washed before use			Garbage/refuse properly disposed; facilities maint Physical facilities installed, maintained, and clean			operly disposed; facilities maintained	[			
Person in Charge /T	ïtle: C		1			Physica		nstalled, maintained, and clean	I	<u> </u>	
	allen Genher Fr	y.		ala::-!	N'						
Inspector:	<sup>itle:</sup> EllenClinner Zi B <i>lady</i>		T	elepho	ne No.	PHE		follow-up: Yes follow-up Date:	I	No	
MO 580-1814 (9-18)	Ŭ	DISTRIBUTION: WHITE -	OWNER'S COF	Pγ		CANARY – F				E6.37	



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

F	DOD ESTABLISHMENT IN	PAGE <sup>2</sup> of					
ESTABLISHMEN	ΓΝΑΜΕ	ADDRESS		CITY /ZIF	)		
FOOD PRODUCT/LOCATION		TEMP. in ° F	CT/ LOCAT	ION	TEMP. ir	۱°F	
Code		PRIORITY I	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an acceptable level, hazar hours or as stated.	rds associated	d with foodborne illness	(date)	
							63
							-
Code Reference	Core items relate to general sanitation	CORE ITE n, operational controls, facilities or st	tructures, equipment design, g	general maint	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOR	os). These items are to be correct	ted by the next regular inspo	ection or as	stated.		
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title: Since of	-1			Date:		
Inspector:	Person in Charge /Title: Ellen Ginher Fry. Date: Inspector: Mor Blady Telephone No. PHES No. Follow-up: Follow-up Date:						No
MO 580-1814 9-13)		DISTRIBUTION: WHITE - OWNER'S COP		OPY	Follow-up Date:	Yes	E6.37A