

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

TIME IN	TIME OUT					
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		TION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF										FAILURE TO	COMPL	Y
ESTABLISHME	STABLISHMENT NAME: OWNER:										PERSON IN CHARGE:			
ADDRESS:						ESTABLISHMENT NUMBER				ER:	COUNTY:			
CITY/ZIP:			PHONE:			FAX:					P.H. PRIORITY	: Н	М	L
ESTABLISHMENT TY BAKERY		C. STORE CATE		ELI	- D			RY STORI	E		STITUTION	MOBILE \	/ENDOR	S
RESTAURAI PURPOSE				MMER F			AVERN	1		IEN	MP.FOOD			
Pre-opening		Routine Follow-up	·											
FROZEN DESS Approved		pproved Not Applicable	SEWAGE DISPOS PUBL				UPPL\				MUNITY	PRIVATE		
License No	o		PRIV	ATE					Date	Samp	oled	Results		
			RISK FAC	CTORS	AND	INTE	RVEN	TIONS						
		reparation practices and emplo aks. Public health interventic								ontrol a	and Prevention as co	ontributing fact	ors in	
Compliance	Julio	Demonstration of		COS						Po	Potentially Hazardous Foods			S R
IN OUT	OUT Person in charge present, demonstrates know and performs duties					IN (OUT I	N/O N/A	Prope	er cooki	ing, time and temper	rature		
		Employee F	lealth			IN (OUT I	N/O N/A Proper reheating procedures for h				hot holding		
IN OUT		Management awareness; poli				_		N/O N/A			ng time and tempera			
IN OUT	\rightarrow	Proper use of reporting, restri			+	-	OUT OUT	N/O N/A N/A			olding temperatures			
IN OUT N/O		Proper eating, tasting, drinking	g or tobacco use			-		N/O N/A	Prope	er date	marking and disposi	tion		
IN OUT N/O		No discharge from eyes, nose	and mouth			IN (TUC	N/O N/A	Time recore		ublic health control (p	procedures /		
		Preventing Contamin									Consumer Adviso			
IN OUT N/O		Hands clean and properly was	shed			IN	OUT	N/A		umer a	dvisory provided for	raw or		
IN OUT N/O		No bare hand contact with ready-to-eat foods or approved alternate method properly followed								hly Susceptible Pop	ulations			
IN OUT Adequate handwashing facilities supplied & accessible					IN (IN OUT N/O N/A Pasteurize offered				foods used, prohibit	ed foods not			
IN OUT		Approved S					A				Chemical			
IN OUT	Food obtained from approved source N/A Food received at proper temperature			+	1		N/A	Food Toxic	additive substa	es: approved and pr	operly used fied_stored an	d		
	N/A					IN	OUT		used				<u> </u>	
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasit					IN	IN OUT N/A Compliance w			nance with Approved with approved Spec		S			
110 001 10/0	IN/A	destruction Protection from Co	ontamination					IV/A	and F	HACCP	plan			
IN OUT I	N/A	Food separated and protected				The	letter to	o the left of	each i	tem ind	licates that item's sta	atus at the time	e of the	
	N/A Food-contact surfaces cleaned & sanitized					inspection. IN = in compliance OUT = not in compliance					iance			
IN OUT N/O Proper disposition of returned, previously served,					N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item									
14/0		reconditioned, and unsafe foo		OOD RE	TAII F	PRACT		5-Corrected	u On S	oile	K-Repeat item			
	(Good Retail Practices are prev						nogens, che	emicals	s, and p	hysical objects into	foods.		
IN OUT		Safe Food and Wa		cos	R	IN	OUT				er Use of Utensils		cos	R
		rized eggs used where require and ice from approved source	d						utensils: properly stored s, equipment and linens: properly stored, dried,					
		Food Temperature Co						Single-us			ice articles: properly	stored, used		
		ate equipment for temperature red thawing methods used	control					Gloves u			quipment and Vendi	na		
		ometers provided and accurate	;					Food and			ntact surfaces cleana			
		Food Identification	•								, and used : installed, maintaine	ad waads taat		
		Food Identification	11					strips us		acililles	. installed, maintaine	ea, usea, test		
F	ood p	properly labeled; original container						Nonfood	d-contact surfaces clean			1		
Ir	nsects	Prevention of Food Contamination ts, rodents, and animals not present						Hot and	Physical Facilities nd cold water available; adequate pressure					
C	Contar	amination prevented during food preparation, storage							nbing installed; proper backflow devices					
	and display Personal cleanliness: clean outer clothing, hair restraint,							Sewage	and wa	astewat	ter properly disposed	d		
fi	fingernails and jewelry					<u> </u>		, and	, .					
		iping cloths: properly used and stored uits and vegetables washed before use							Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained					
		•								es insta	lled, maintained, an			
Person in Charg	ge /Ti	tle: Marail.	bon -							Date):			
Inspector:	17	I Modernie	<u> </u>		Tel	lephoi	ne No.	EPHS	S No.		ow-up:	Yes	1	No
MO 580-1814 (9-13)	ســـــــــــــــــــــــــــــــــــــ	Ja ya - wang	DISTRIBUTION: WHITE	- OWNER	'S COPY			CANARY – FIL	LE COPY		ow-up Date:			E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZI	CITY /ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. ii	n ° F		
Code		PRIORITY	ITEMS			Correct by	Initial		
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction/E IMMEDIATE ACTION within 73	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)			
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT n, operational controls, facilities or sets. These items are to be corrected.	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial		
	,	<u></u>					ML5		
		EDUCATION PROV	IDED OR COMMENTS						
Person in Ch	narge /Title: Marini	fona			Date:				
Inspector:	narge/Title: Malanic J.E.L. MayorBran	aly	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		