

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 R | OUTINE | INSPE | CTION, OR SUCH SHORTER P | ERIOD OF TIME AS I | MAY BE | SPEC | IFIED | IN WRI | TING BY 1 | HE REC | GULA | ILITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO DEPATIONS | | | |
|---|--|--|--|---|--------------------------------------|---|----------------|--|-----------------------------|--|---|--|--------|----|--|
| WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS I ESTABLISHMENT NAME: OWNE | | | | OWNER: | | | | | | | <i>I</i> D 01 | PERSON IN CHARGE: | | | |
| ADDRESS: | | | | | ESTABLISHMENT N | | | | NUMBI | ER: | COUNTY: | | | | |
| CITY/ZIP: | | | PHONE: | PHONE: | | | FAX: | | | | P.H. PRIORITY: H | M | L | | |
| ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER | | | | | PELI GROCERY STORE UMMER F.P. TAVERN | | | | | INSTITUTION MOBILE VENDORS IEMP.FOOD | | | | | |
| PURPO: | SE re-openi | ng | Routine Follow-up | Complaint | Oth | er | | | | | | | | | |
| FROZEN DESSERT Approved Disapproved Not Applicable | | | | PUBLIC COMMUNITY | | | | NON-COMMUNITY PRIVATE Date Sampled Results | | | | | | | |
| | License | No | | PRIVA RISK FAC | | AND | INITE | D\/ENI | TIONS | Date | Oan | Tresuits | | | |
| Dick fo | ctore or | o food r | reparation practices and employ | | | | | | | 0250 Cr | ntrol | and Prevention as contributing fac- | ore in | | |
| foodbo | rne illnes | | eaks. Public health intervention | ns are control measur | es to pre | event fo | oodbor | ne illne | ss or injury | | JIIII OI | and Frevention as contributing fac | | | |
| Complia | nce | | Demonstration of l | | | | | mpliance | | Potentially Hazardous Foods Proper cooking, time and temperature | | CC | DS R | | |
| IN O | UT | | and performs duties | • | | | IN OUT N/O N/A | | | | | | | | |
| IN O | LIT | | Employee H Management awareness; police | | | - | IN IN | | N/O N/A | | | eating procedures for hot holding ing time and temperatures | | | |
| · | <u>UT</u> UT | | Proper use of reporting, restrict | | | | _ | | N/O N/A | | | holding temperatures | | | |
| IN 01 | UT N/O | | Good Hygienic F | | | | | OUT | N/A | | | holding temperatures | | | |
| | UT N/O | | Proper eating, tasting, drinking No discharge from eyes, nose | | | - | | | N/O N/A | | | e marking and disposition bublic health control (procedures / | | | |
| IN O | UT N/C |) | | | | | IN | OUT | N/O N/A | record | | · · | | | |
| IN O | Preventing Contamination IN OUT N/O Hands clean and properly washe | | | | | | IN | IN OUT N/A Consumundered | | | | Consumer Advisory advisory provided for raw or | | | |
| IN O | UT N/C |) | No bare hand contact with rea | | | | ui | | | under | | ghly Susceptible Populations | | | |
| IN OUT | | | approved alternate method properly followed Adequate handwashing facilities supplied & | | | | | | | | | I foods used, prohibited foods not | | | |
| | accessible Approved Sour | | ource | | | опег | | offere | <u> </u> | Chemical | | | | | |
| IN OUT | | | Food obtained from approved source | | | | IN OUT | | | | | ves: approved and properly used | | | |
| IN OUT N/O N/A | | O N/A | Food received at proper temperature | | | | | | | Toxic substances properly identified, stored and used | | | | | |
| IN OUT | | | Food in good condition, safe and unadulterated | | | | | | | | | mance with Approved Procedures | | | |
| IN O | | | Required records available: sh destruction | equired records available: shellstock tags, parasite estruction | | | IN OUT N/A | | N/A | Compliance with approved Specialized Process and HACCP plan | | | | | |
| | | | Protection from Co | | | | | | | | | · - | | | |
| IN OUT N/A Food separated and protected | | | | | | The letter to the left of each iten inspection. | | | | em in | dicates that item's status at the tim | e of the | | | |
| IN OUT N/A Food-contact surfaces | | Food-contact surfaces cleaned | ed & sanitized | | | IN = in compliance | | | | | OUT = not in compliance | | | | |
| | |) | | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | | tα | N/O = not observed R=Repeat Item | | | |
| reconditioned, and unsa | | | reconditioned, and unsafe food | | OOD RE | TAIL | PRACTICES | | | to on one in-nepeat item | | | | | |
| | | | Good Retail Practices are preve | | | | | | nogens, ch | emicals, | and | physical objects into foods. | | | |
| IN | OUT | | Safe Food and Water | - | cos | R | IN | OUT | | Proper Use of Utensils | | | COS | R | |
| | | | urized eggs used where required and ice from approved source | 1 | | | 1 | | | | | | | + | |
| | | | | e feet | | | — | ļ | handled | | | | | | |
| | Adeau | | Food Temperature Control uate equipment for temperature control | | | | 1 | | | ise/singl used pro | | vice articles: properly stored, used | | | |
| | | Appro | ved thawing methods used | 70111101 | | | | Utensils, Equipme | | Equipment and Vending | | | | | |
| | | Therm | ometers provided and accurate | | | | | | | | | intact surfaces cleanable, properly d, and used | | | |
| | | | Food Identification | l | | | | | | shing fa | | s: installed, maintained, used; test | | | |
| | | Food | properly labeled; original contain | | | | | | | | | aces clean | | | |
| | | Incoct | Prevention of Food Contagons, rodents, and animals not pres | | | | - | | Hotond | cold | | nysical Facilities vailable; adequate pressure | | | |
| | | | s, rodents, and animals not pres mination prevented during food | | | | 1 | | | | | roper backflow devices | | + | |
| | | and display Personal cleanliness: clean outer clothing, hair restrain | | | | | <u> </u> | | | | | | | _ | |
| | fingernails and jewelry | | | ınıg, nair restraint, | | | | | | | | ater properly disposed | | | |
| Wiping cloths: properly used and stored Fruits and vegetables washed before use | | | | | | | | Toilet fa | facilities: properly constr | | rly constructed, supplied, cleaned | | | | |
| | | | use | | | 1- | | | | | erly disposed; facilities maintained alled, maintained, and clean | | - | | |
| Perso | n in Ch | arge /T | itle: (Y | - 1 | | | | 1 | . nysica | | Dat | | 1 | | |
| | | | Jamon & | 1 | | | | | 1 ==-: | <u> </u> | | | | | |
| Person in Charge /Title: Showing Title: Inspector: | | | | | | Ге | iepno | ne No. | . EPH | S No. | | ow-up: Yes ow-up Date: | | No | |



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| ESTABLISHMEN [*] | TNAME | ADDRESS | | CITY/ZIF | CITY/ZIP | | | | | |
|---------------------------|--|--|---|--------------------------|----------------|-------------------------------|-------------------|---------|--|--|
| FOO | OD PRODUCT/LOCATION | TEMP. in ° F | FC | ICT/ LOCAT | TON | TEMP. in ° F | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | PRIOF elimination, prevention or rec E IMMEDIATE ACTION with | RITY ITEMS duction to an acceptal hin 72 hours or as st | ole level, haza ated. | rds associated | d with foodborne illness | Correct by (date) | Initial | | |
| | | | | | | | Correct by | 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). These items are to be corrected by the next regular inspection or as stated. | | | | | | | | | |
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| | | | | | | | | 89 | | |
| | | | | | | | | 89 | | |
| | | EDUCATION P | ROVIDED OR COI | MMENTS | | | | | | |
| | | | | | | | | | | |
| Person in Ch | arge /Title: | van th | | | | Date: | | | | |
| Inspector: | Mlnix F.L | <u>- </u> | | hone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No | | |
| MO 580-1814 (9-13) | <u> </u> | DISTRIBUTION: WHITE - OWNER | R'S COPY | CANARY - FILE C | OPY | | | E6.37A | | |