

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 INSPEC	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER P FOR CORRECTIONS SPECIFI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE REG	GULAT	ORY AUTHORITY. F			
ESTABLISHMENT	OWNER:	I THIS NOTICE MAY RESULT IN CESSATION OF YOUR FO OWNER:						PERSON IN CHARGE:				
ADDRESS:			ESTAB			LISHMENT NUMBER:			COUNTY:			
CITY/ZIP:	PHONE:	PHONE:			FAX:			P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIO		l MER F.P.		GROCE	RY STOR	E		STITUTION MP.FOOD	MOBILE	VENDO	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable PUBLIC License No. PRIVAT			COMMUNITY NON-CO					MMUNITY PRIVATE mpled Results				
		RISK FAC	FORS AND) INTE	RVENT	IONS						
	preparation practices and employ eaks. Public health interventio							ontrol a	and Prevention as contra	ributing fac	ctors in	
Compliance	Demonstration of I				mpliance	s or injury	/.	Po	tentially Hazardous Fo	ods	C	OS R
IN OUT	Person in charge present, dem	ionstrates knowledge,		IN (OUT N	I/O N/A	Proper	r cooki	ing, time and temperate	ure		
	and performs duties Employee H	ealth		IN (OUT N	I/O N/A	Proper	r rehe	ating procedures for ho	ot holding		
IN OUT	Management awareness; polic			IN OUT N/O N/A			Proper cooling time and temperatures					
IN OUT	Proper use of reporting, restriction and exclusi Good Hygienic Practices							oper hot holding temperatures oper cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking	or tobacco use				N/O N/A	Proper	Proper date marking and disposition				
IN OUT N/O	No discharge from eyes, nose	and mouth		IN	OUT N	I/O N/A	Time a record		ublic health control (pro	cedures /		
	Preventing Contamina								Consumer Advisory			
IN OUT N/O	Hands clean and properly was	hed		IN	OUT	N/A	Consu underc		dvisory provided for ray	w or		
IN OUT N/O	OUT N/O No bare hand contact with ready-to-eat foo							hly Susceptible Popula	tions			
IN OUT	approved alternate method pro Adequate handwashing facilitie						Pasteu	urized	foods used, prohibited	foods not		
	accessible			IN (OUI N	I/O N/A	offered					
IN OUT	Approved So Food obtained from approved			IN	OUT	N/A	Food a	additive	Chemical es: approved and prop	erlyused		
IN OUT N/O N/A Food received at proper temperature				IN OUT Toxic sub				inces properly identified		nd		
IN OUT Food in good condition, safe and unadulterated		nd unadulterated		us			used	onform	ance with Approved Pr	rocedures		
Required records available: shellstock tac				IN OUT N/A Complia				with approved Speciali		SS		
IN OUT N/O N/A	destruction Protection from Co	atomination		IIN	001	N/A	and HA	ACCP	plan			
IN OUT N/A	Food separated and protected			The	letter to	the left o	f each ite	em ind	licates that item's statu	s at the tin	ne of the	
				The letter to the left of each item indicates that item's status at the time of the inspection.								
Proper disposition of returned previously served				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O	reconditioned, and unsafe food					=Correcte		te	R=Repeat Item			
			OD RETAIL									
IN OUT	Good Retail Practices are preve Safe Food and Wate		COS R	IN	OUT OUT	ogens, cn			er Use of Utensils	ods.	COS	R
	urized eggs used where required	51					itensils: p	proper	ly stored			
Water and ice from approved source				Utensil			ls, equipment and linens: properly stored, dried,					
	ntrol					iea e-use/single-service articles: properly stored, u						
Adequate equipment for temperature control				_		Gloves	s used properly					
	ved thawing methods used nometers provided and accurate			_		Food an			quipment and Vending Itact surfaces cleanable		,	
						designe	signed, constructed, and used					
Food Identification					Warewashing facilities: installed, maintained, used; tes strips used				used; test			
Food properly labeled; original container									ces clean			
Prevention of Food Contamination Insects, rodents, and animals not present				_	Physical Facilities Hot and cold water available; adequate pressure					_		
Contamination prevented during food preparation, storage				Plumbing installed; proper backflow devices					+			
and display Personal cleanliness: clean outer clothing, hair restraint,				-		Sewage	and was	stewat	ter properly disposed			
fingernails and jewelry												
Wiping cloths: properly used and stored Fruits and vegetables washed before use				Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained						_		
									stalled, maintained, and clean			
Person in Charge /T	itle: John Pontana	\sim						Date				
Inspector:	itle: Lostie Esetna			elepho	ne No	FDH	S No.	Follo	w-up:	Yes		No
mapecion farmy	W HCent		''	cicpiio	10 110.				w-up. w-up Date:	163		NU
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COF	γ	(CANARY - FI			•			E6.37



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F		PAGE ² of					
ESTABLISHMEN	T NAME	ADDRESS CITY/ZIP					
FOOD PRODUCT/LOCATION		TEMP. in ° F	CT/ LOCATIC	N	TEMP. ir	n°F	
Code		PRIORITY IT	EMS	_		Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEN	elimination, prevention or reduction	to an acceptable level, hazar hours or as stated.	ds associated v	vith foodborne illness	(date)	
Code Reference		CORE ITEI	MS			Correct by	Initial
Relefence	Core items relate to general sanitation standard operating procedures (SSO	 perational controls, facilities of sur- ps). These items are to be correct 	ed by the next regular inspe	ection or as sta	ated.	(date)	
							IF.
						(
							SE
			DED OR COMMENTS				
			DED ON COMMENTS				
<u> </u>				I -			
Person in Ch		petman			Date:		
	atily Pecent			F	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13	, v	DISTRIBUTION: WHITE - OWNER'S COPY	Y CANARY – FILE CO	JHY			E6.37A