

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 F	ROUTINE	E INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REC	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO			
ESTABLISHMENT NAME:				OWNER:	O IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR OWNER:					UR FOO	D OF	PERATIONS. PERSON IN CHARGE:			
ADDRESS:					E				HMENT	NUMBE	R:	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR (DELI GROCERY STORE ENTER SUMMER F.P. TAVERN					RE		INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPO	OSE Pre-oper	ning	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY				Y NON-COMMUNITY PRIVATE							
	Licens	e No		PRIV	ATE					Date	Sam	pled Results			
				RISK FAC											
			preparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing factor	ors in		
Compli		33 Outbi	Demonstration of		COS			mpliance		, . 	Р	otentially Hazardous Foods	CO	S R	
IN C	OUT		Person in charge present, demonstrates knowledge,				IN OUT		N/O N/A	Proper	cool	king, time and temperature			
			and performs duties Employee Health						N/O N/A	Proper	reh	eating procedures for hot holding			
IN (OUT		Management awareness; poli	cy present					N/O N/A Proper cooling			ing time and temperatures			
IN (TUC		Proper use of reporting, restriction Good Hygienic						N/O N/A N/A						
IN C	OUT N/)	Proper eating, tasting, drinking					OUT	N/O N/A						
IN (OUT N/	0	No discharge from eyes, nose	and mouth			IN		N/O N/A			ublic health control (procedures /			
-			Preventing Contamin	ation by Hands			1			record	S)	Consumer Advisory			
IN (OUT N/0)		Hands clean and properly washed			IN	OUT	N/A			advisory provided for raw or			
			No bare hand contact with ready-to-eat foods or				+		undercooked food			ghly Susceptible Populations			
IN OUT N/O		<u>)</u>	approved alternate method properly followed												
IN OUT			Adequate handwashing facilities supplied & accessible				IN	OUT	N/O N/A	оттегеа					
IN (OUT		Approved S Food obtained from approved				INI	OUT	N/A	Food 5	additis	Chemical ves: approved and properly used			
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT Toxi					ances properly identified, stored and	i		
IN OUT			Food in good condition, safe and unadulterated							Co		nance with Approved Procedures			
IN OUT N/O N/A		O N/A	Required records available: shellstock tags, parasite destruction								ompliance with approved Specialized Process and HACCP plan				
			Protection from Co				┨								
111 00: 11//			Food separated and protected	·				he letter to the left of each item indicates that item's status at the ti spection.					or the		
IN OUT N/A		N/A	Food-contact surfaces cleaned & sanitized				1	IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN (Proper disposition of returned reconditioned, and unsafe for							pplicable N/O = not observed ected On Site R=Repeat Item					
				G	OOD RE	TAIL	PRAC	TICES							
IN	OUT		Good Retail Practices are prev		ontrol the	e intro	duction	of path	nogens, ch				COS	R	
- IIN			Safe Food and Wa urized eggs used where require		000	- 1	IIN	001	In-use u	Proper Use of Utensils use utensils: properly stored			003	1	
			r and ice from approved source			_				sils, equipment and linens: properly stored, dried					
			Food Temperature Co	ontrol					handled Single-u		e-ser	vice articles: properly stored, used			
			ate equipment for temperature							used pro	perly				
			ved thawing methods used				+		Food ar			Equipment and Vending ntact surfaces cleanable, properly			
		Thermometers provided and ac							designe	d, constr	ucted	d, and used			
			Food Identification	n						Warewashing facilities: installed, maintained, used; to strips used					
		Food	properly labeled; original contain	ner			1				surfa	aces clean		<u> </u>	
			Prevention of Food Conta	mination								nysical Facilities			
			s, rodents, and animals not pre- mination prevented during food				+					railable; adequate pressure roper backflow devices			
	and display Personal cleanliness: clean outer clothi fingernails and jewelry														
				hing, hair restraint,					Sewage and wastew		stewa	water properly disposed			
Wiping cloths: properly used and stored Fruits and vegetables washed before us					Toilet facilities		cilities: p	ilities: properly constructed, supplied, cleaned							
					1					erly disposed; facilities maintained alled, maintained, and clean		1			
Pers	on in Cl	narge /T	itle: Drice & Co	dr ·Λ				<u> </u>	i nysica	i iaciiille:	Date		1	1	
			Jonnice Du	Merfer		1-	-ا سما	NI	T ===:	O.N.				\ I -	
ınspe	ector:	4	Mlani 77.1			lie	iehi10	ne No	. EPH	S No.		ow-up: Yes ow-up Date:	Г	No	



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZI	CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° 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 VE IMMEDIATE ACTION within 72	n to an acceptable level, haza hours or as stated.	ards associate	d with foodborne illness	(date)			
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE n, operational controls, facilities or s Ps). These items are to be correc	tructures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
							JB		
							/		
		EDITICATION DROVI	DED OR COMMENTS						
		EDGOATION I ROVI	DED ON COMMENTS						
Person in Ch	narge /Title:	u Bredbilgo			Date:				
Inspector:	Mlanif Zil	U Wallsuffer	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		