

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 PER	RIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	ACILITIES WHICH MUST BE CORRECULATORY AUTHORITY. FAILURE TO D			
VITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:		OWNER:		55A110			PERSON IN CHARGE:				
ADDRESS:			ESTABLISHMENT NUMBER:				R: COUNTY:	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.		GROCEI	RY STOR	E	INSTITUTION MOBILE VI TEMP.FOOD	ENDOR	S	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disapproved Not Applicable PUBI License No. PRIV			COMMUNITY NON-CO					MMUNITY PRIVATE mpled Results			
		RISK FACT		D INTE	RVENT	IONS					
								ntrol and Prevention as contributing facto	rs in		
Compliance	eaks. Public health interventions Demonstration of Kr				mpliance	, ,		Potentially Hazardous Foods	COS	S R	
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN (OUT N	I/O N/A	Proper	cooking, time and temperature			
	Employee Hea			IN (I/O N/A		reheating procedures for hot holding			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction			IN (cooling time and temperatures			
	Good Hygienic Pra	actices			OUT	N/A Proper co		cold holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking of No discharge from eyes, nose at					N/O N/A		date marking and disposition s a public health control (procedures /			
IN OUT N/O			\vdash	IN	OUT N	N/O N/A	records		_		
IN OUT N/O	Preventing Contamination Hands clean and properly washed			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or poked food			
IN OUT N/O	IN OUT N/O No bare hand contact with ready- approved alternate method proper							Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities accessible			IN (OUT N	I/O N/A	Pasteur offered	rized foods used, prohibited foods not			
	Approved Sou							Chemical			
IN OUT Food obtained from approved sour								dditives: approved and properly used ubstances properly identified, stored and	_	+	
				IIN	IN OUT used		used		_		
	Required records available: shellst			IN	IN OUT N/A Complian			nformance with Approved Procedures ance with approved Specialized Process		_	
IN OUT N/O N/A	destruction Protection from Cont	amination			001	N/A	and HA	CCP plan			
IN OUT N/A	Food separated and protected					the left of	f each itei	m indicates that item's status at the time	of the		
IN OUT N/A	Food-contact surfaces cleaned & sanitized			IN = in compliance OUT = not in compliance							
IN OUT N/O Proper disposition of returned, previously se reconditioned, and unsafe food				N/A = not applicable COS=Corrected On Site				N/O = not observed R=Repeat Item			
	reconditioned, and unsale lood		OD RETAIL	PRACT		00110010	u on one				
	Good Retail Practices are prevent					ogens, che					
IN OUT Paste	Safe Food and Water urized eggs used where required		COS R	IN	OUT	In-use u		Proper Use of Utensils roperly stored	COS	R	
	Water and ice from approved source				Utensils		, equipme	ent and linens: properly stored, dried,			
	Food Temperature Contro			_	handled Single-use/single-s			-service articles: properly stored, used			
	Adequate equipment for temperature cont				Gloves used prope		used prop	perly			
Approved thawing methods used Thermometers provided and accurate				_		Food an		ils, Equipment and Vending d-contact surfaces cleanable, properly			
Food Identification						designed	esigned, constructed, and used				
					strips us	ewashing facilities: installed, maintained, used; test s used					
Food properly labeled; original container Prevention of Food Contamination				_		Nonfood	l-contact				
Insect					Hot and	Physical Facilities Ind cold water available; adequate pressure					
Contamination prevented during food preparation, storag and display						Plumbin	g installe	d; proper backflow devices		1	
Personal cleanliness: clean outer clothing, hair restraint,				1	Sewage and wastewater properly disposed					1	
fingernails and jewelry Wiping cloths: properly used and stored				+		Toilet facilities: properly constructed, supplied, cleaned				+	
Fruits and vegetables washed before use						Garbage/refuse properly disposed; facilities maintained				1	
Person in Charge /T		>				rnysical		installed, maintained, and clean Date:			
	Turb Walking										
Inspector: Mu	hin & Find			elepho		EPH		Follow-up: Yes Follow-up Date:	١	No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S CO	PY	(CANARY – FI	LE COPY			E6.37	



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	OOD ESTABLISHMENT IN		PAGE ² of					
ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIF	5			
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/					TEMP. in ° F	
Code		PRIORITY I	TEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an acceptable level, haza	irds associated	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 CORE ITE n, operational controls, facilities or s	tructures, equipment design.	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (000)	3). These items are to be correct	ted by the next regular map					
		EDUCATION PROV	IDED OR COMMENTS					
Deres a Cl	orgo (Titlo)				Data			
Person in Ch	arge /Title:	My			Date:			
Inspector:	Milan & Finil		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	PY CANARY – FILE C	OPY			E6.37A	