

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

TIME IN	TIME OUT					
DATE	PAGE 1 of					

			CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF									AILURE TO	COMPL	Y
				OWNER:	E WAT RESULT IN CESSATION OF TOUR FOOI						PERSON IN CHARGE:			
ADDRESS:						ESTABLISHMENT NUMBER			NUMBER	COUNTY:				
CITY/ZIP: PHONE:				PHONE:			FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISH BAK		TYPE	C. STORE CATE	RER DE	ELI		(SROCE	RY STOR	F	INSTITUTION	MOBILE VI	=NDOR9	3
RES	TAUR	ANT			MMER I	F.P.		AVERN			TEMP.FOOD	WODILL VI	LINDOIN	
PURPOSE Pre-	openir	ng	Routine Follow-up	Complaint	Oth	ner								
FROZEN	I DES	SERT		SEWAGE DISPO	SAL	WAT	ER S	UPPL	1					
Approv			approved Not Applicable	PUBL	Date				DMMUNITY ampled	PRIVATE Results				
Lic	cense	No		PRIVA RISK FAC		AND	INTF	RVFN	TIONS					
Risk facto	ors are	e food p	reparation practices and emplo							ease Conti	rol and Prevention as contr	ibuting facto	rs in	
foodborne	illnes		eaks. Public health intervention	ns are control measur	es to pre	event fo	oodbor	ne illne	ss or injury					
Compliance	;		Demonstration of		COS	S R	·			-	Potentially Hazardous Foods			S R
IN OUT			Person in charge present, der and performs duties	nonstrates knowledge,			IN (OUT I	N/O N/A	Proper co	ooking, time and temperatu	ıre		
			Employee H				IN (N/O N/A	Proper r	t holding			
IN OUT			Management awareness; poli				_		N/O N/A		ooling time and temperatur	es		
IN OUT			Proper use of reporting, restriction Good Hygienic					OUT OUT	N/O N/A N/A		ot holding temperatures old holding temperatures			
IN OUT	N/O		Proper eating, tasting, drinking						N/O N/A		ate marking and disposition	<u> </u>		
IN OUT	N/O		No discharge from eyes, nose	and mouth					N/O N/A	Time as records)	a public health control (pro	cedures /		
			Preventing Contamin								Consumer Advisory			
IN OUT	N/O		Hands clean and properly was	shed			IN	OUT	N/A	undercod	oked food	advisory provided for raw or ed food		
IN OUT	N/O		No bare hand contact with rea approved alternate method pr	operly followed							Highly Susceptible Popular	tions		
IN OUT Adequate handwashing facilities su accessible			es supplied &			IN (OUT I	N/O N/A	Pasteuriz offered	zed foods used, prohibited	foods not			
Approved Source										Chemical				
IN OUT			Food obtained from approved Food received at proper temp					OUT	N/A	Food add	ditives: approved and properstances properly identified	erly used		-
IN OUT	N/O	N/A	1 000 received at proper temp	erature			IN	OUT		used	ostances property identified	i, stored and		
IN OUT			Food in good condition, safe a								ormance with Approved Pr			
IN OUT N/O N/A Required records available: shellstock destruction			nellstock tags, parasite			IN OUT N/A Compliance with approved Specialized Pr and HACCP plan			zed Process					
Protection from Contamination														
IN OUT		N/A	Food separated and protected				The letter to the left of each item indicates that item's inspection.				indicates that item's statu	s at the time	of the	
IN OUT N/A Food-contact surfaces cleaned & s					IN = in compliance				OUT = not in compliance N/O = not observed					
IN OUT	N/O		Proper disposition of returned reconditioned, and unsafe foo					N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item						
			, , , , , , , , , , , , , , , , , , , ,		OOD RI	ETAIL F	PRACT	ICES			·			
			Good Retail Practices are preven	entative measures to c	ontrol th		-	_	ogens, ch	emicals, ar	nd physical objects into foo	ds.		
IN C	DUT		Safe Food and Water			R	IN OUT Proper Use of Utensils						cos	R
			eurized eggs used where required er and ice from approved source				-			utensils: properly stored ls, equipment and linens: properly stored, dried,				
		vvator	and lee from approved source					handled			it and intens. properly store	ou, unou,		
			Food Temperature Co								service articles: properly sto	ored, used		
			ate equipment for temperature	control					Gloves i	used prope				
			ved thawing methods used cometers provided and accurate						Food an	d nonfood-	s, Equipment and Vending -contact surfaces cleanable	nronerly		
		11101111	ometers provided and accurate						designe	d, construc	cted, and used			
			Food Identification	า						Warewashing facilities: installed, maintained, used; strips used				
		Food	properly labeled; original contain						Nonfood	d-contact su	urfaces clean			
	-	Innoct	Prevention of Food Conta				1		Hot and	Physical Facilities t and cold water available; adequate pressure				
			Insects, rodents, and animals not present Contamination prevented during food preparation, stor				\vdash				available; adequate press ; proper backflow devices	uit		
		and di	d display											
	Ī		Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and waste	ewater properly disposed			
	fingernails and jewelry Wiping cloths: properly used and stored			ed			+		Toilet fa	Toilet facilities: properly constructed, supplied, cleaned				
Fruits and vegetables washed before use					L		Garbage	e/refuse pro	operly disposed; facilities n	naintained				
							Physical		nstalled, maintained, and c	lean				
Person ii	n Cha	rge /T	itle: Comments for	nu/2						D	Pate:			
Inspecto	r: ///	aula	Budy Fu	*· * *		Te	lepho	ne No.	EPH		ollow-up: ollow-up Date:	Yes	N	Ю
MO 580-1814	(9-13)	//		DISTRIBUTION: WHITE	= - OWNER	R'S COPY	,		CANARY – FI					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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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° 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 7	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
Code		CORE IT	EMS			Correct by	Initial	
Reference	Core items relate to general sanitation, standard operating procedures (SSOP	, operational controls, facilities or s). These items are to be corre	structures, equipment design, cted by the next regular insp	general maint pection or as	enance or sanitation stated.	(date)		
		EDUCATION PRO	UDED OD COMMENTS					
		EDUCATION PROV	/IDED OR COMMENTS					
Person in Ch	narge /Title: Ciny Fu	·D			Date:			
Inspector:	1 my (a)	<i>ων</i>	Telephone No.	EPHS No.	Follow-up:	Yes	No	
	Muyun I naass				Follow-up Date:	-	-	