

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 PE	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY 1	THE REG	ULATOF	RY AUTHORIT				
ESTABLISHMENT	OWNER:	OIN THIS NOTICE MAY RESULT IN CESSATION (OWNER:				PERSON IN CHARGE:			:				
ADDRESS:	·				ESTABLISHMENT NUMBER:				COUNTY:				
CITY/ZIP:	PHONE:	PHONE:		FAX:			P.	H. PRIORITY	Y:	н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOF		l Mer F.P.		GROCE	RY STOR	RE	INSTI TEMP	TUTION FOOD	M	OBILE	VENDC	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other										
FROZEN DESSERT Approved Disa License No.		PUBLIC COMMUNITY NON-C				OMMUNITY PRIVATE ampled Results							
		RISK FAC	TORS AND) INTEI	RVENT	TIONS							
	preparation practices and employ							ntrol and	Prevention as	contribu	ting fac	tors in	
Compliance	foodborne illness outbreaks. Public health interventions are control measures Compliance Demonstration of Knowledge			R Compliance			Potentially Hazardous Foods				C	COS R	
IN OUT	Person in charge present, dem and performs duties	onstrates knowledge,		IN (N TUC	N/O N/A	Proper	cooking,	time and temp	perature			
	Employee He	alth		IN (N TUC	N/O N/A			ng procedures f		olding		
IN OUT	Management awareness; polic			IN (N/O N/A			ime and tempe				
IN OUT	Proper use of reporting, restrict Good Hygienic P				<u>о тио</u> оит	<u>N/O N/A</u> N/A			not holding temperatures cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking					N/O N/A			rking and dispo		. ,		
IN OUT N/O	No discharge from eyes, nose	and mouth		IN (N TUO	N/O N/A	l ime as records		c health control	I (proced	lures /		
	Preventing Contamina							Ċ	Consumer Advis				
IN OUT N/O	Hands clean and properly wash	160		IN	OUT	N/A		mer advis ooked fo	sory provided for od	or raw or	r		
IN OUT N/O	No bare hand contact with read								Susceptible Po	opulation	IS		
IN OUT	approved alternate method pro Adequate handwashing facilitie						Pasteu	rized foo	ds used, prohit	bited foo	ds not		
	accessible			IN 0	JUI r	N/O N/A	offered						
IN OUT	Approved So Food obtained from approved s			IN	OUT	N/A	Food a	dditives:	Chemical approved and	properly	used	_	
IN OUT N/O N/A	Food received at proper tempe			IN			Toxic s		es properly ider			nd	
IN OUT	Food in good condition, safe ar	nd unadulterated					used	nforman	ce with Approve	ed Proce	dures		
IN OUT N/O N/A	Required records available: she			IN	OUT	N/A	Complia	ance wit	n approved Spe			s	
IN OUT N/O N/A	destruction Protection from Cor	tamination			001	N/A	and HA	ACCP pla	n				
IN OUT N/A	Food separated and protected	lamination		The	letter to	the left o	f each ite	em indica	tes that item's	status at	the tim	e of the	•
IN OUT N/A				IN = in compliance OUT = not in compliance									
	Proper disposition of returned,	previously served.		_		= not appl			D = not observe				
IN OUT N/O	reconditioned, and unsafe food	•				=Correcte	ed On Site	e R=	Repeat Item				
	Cood Potoil Practices are prove		OD RETAIL			ogona ob	omioala	and phys	vical objects int	o fooda			
IN OUT	Good Retail Practices are preven Safe Food and Wate		COS R	IN	OUT	ogens, ch			se of Utensils	1000s.		COS	S R
	urized eggs used where required						itensils: p	roperly s	tored				
Water	and ice from approved source					Utensils handled		ent and I	inens: properly	stored,	dried,		
	Food Temperature Cor	ntrol						e-service	articles: proper	rly stored	d, used		
	ate equipment for temperature c	ontrol					used prop	perly					
	Approved thawing methods used Thermometers provided and accurate			Utensils, Equipme					roperly				
	•					designe	d, constru	ucted, ar	id used	· 1	. ,		
Food Identification						Warewashing facilities: i strips used			stalled, maintai	naintained, used; test			
Food properly labeled; original container							d-contact						
Insect	Prevention of Food Contamination Insects, rodents, and animals not present Contamination prevented during food preparation, storage			Physical Facilities Hot and cold water available; adequate pressure									
								proper backflow devices					
and di		ing hair restraint				Sewage	and was	tewater	oronerly dience	ed			_
fingerr	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry Wiping cloths: properly used and stored Fruits and vegetables washed before use			Toilet facilities: prop					water properly disposed				
									perly constructed, supplied, cleaned perly disposed; facilities maintained				
FIUITS	and vegetables washed belore u	35							l, maintained, a				
Person in Charge /T	itle: - Tori, Elder							Date:	, -			-	
Inspector:	typ Pecant		Te	elephoi	ne No.	EPH		Follow-		Ye	es		No
MO 580-1814 (9-13)	y i and i	DISTRIBUTION: WHITE -	OWNER'S COP	Υ		CANARY – F		FUIIOW-	up Date:				E6.37



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No. CON	FOOD ESTABLISHMENT INSPECTION REPORT						
ESTABLISHMENT NAME ADDRESS CITY /ZIP							
FO	DD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/ L			ION	TEMP. ir	n°F
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazar hours or as stated.	ds associated	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation	CORE ITEI	MS	eneral maint	enance or sanitation	Correct by (date)	Initial
Reference	standard operating procedures (SSO	Ps). These items are to be correct	ed by the next regular inspe	ection or as	stated.	(date)	
							te
							24
							te
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	arne /Title				Date:		
	TOULDING		Tolonhono No	EPHS No.	Follow-up:	Yes	No
Inspector: MO 580-1814 (9-13)	Katilyn Pecurt	DISTRIBUTION: WHITE - OWNER'S COPY			Follow-up: Follow-up Date:	162	E6.37A