

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

TIME IN	TIME OUT
DATE	PAGE 1 of

	LIMITS	CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF NAME:								D OPE			COMPL	Y
ADDRESS:	ADDRESS:				ESTABLISHMENT NUMBER:			ER:	: COUNTY:					
CITY/ZIP:	PHONE:					FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER DE  RESTAURANT SCHOOL SENIOR CENTER SUM			ELI IMMER I	GROCERY STORE ER F.P. TAVERN			L RE INSTITUTION MOBILE V TEMP.FOOD			ENDOR	S			
PURPOSE Pre-openi		Routine Follow-up			ner									
FROZEN DE		approved Not Applicable	SEWAGE DISPO				JPPL\		NON (	COM	MUNITY	PRIVATE		
License			PUBL PRIV			JOIVIIV	IOIVIII	'			oled	Results		
		-	RISK FA	CTORS	AND	INTE	RVEN	TIONS						
		preparation practices and emplo eaks. Public health intervention								ntrol a	nd Prevention as con	tributing facto	ors in	
Compliance	oo oatbi	Demonstration of		COS			npliance			Po	tentially Hazardous Fo	oods	COS	S R
IN OUT		Person in charge present, der and performs duties	<u> </u>	•		IN (	DUT I	N/O N/A	Proper	r cooki	ng, time and temperat	ture		
IN		Employee F						N/O N/A	Proper					
IN OUT		Management awareness; poli Proper use of reporting, restri				IN (		N/O N/A	Proper Proper	-				
		Good Hygienic	Practices			IN	OUT	N/A	Proper cold holding temperatures					
IN OUT N/C		Proper eating, tasting, drinking No discharge from eyes, nose						<u>N/O N/A</u> N/O N/A			marking and disposition blic health control (pro			
114 001 14/0	,	Preventing Contamin	ation by Hands			IIN	JU1 1	N/O N/A	records)				_	
IN OUT N/O	)	Hands clean and properly was				IN	OUT	N/A			Consumer Advisory ner advisory provided for raw or			
IN OUT N/C		No bare hand contact with rea	ady-to-eat foods or				undercooked food Highly Susceptible Populations			ations				
IN OUT	,	approved alternate method properly followed  Adequate handwashing facilities supplied &							Pasteurized foods used, prohibited foods not		I foods not			
IN OUT		accessible				IN (	DUT I	N/O N/A	offered					
IN OUT	Approved Source OUT Food obtained from approved source					IN	OUT	N/A	Chemical A Food additives: approved and properly used			perly used	_	
	Food received at proper temperature					TUC	14/7 (			nces properly identifie		Ł		
IN OUT Food in good condition, safe and unadulterated				l		Conformance with Approved Procedures			rocedures					
IN OUT N/O	IN OUT N/O N/A Required records available: shellstock tags, parasite destruction		•		IN	OUT	N/A	Compl and H		with approved Special plan	lized Process	;		
		Protection from Co				<u>.</u>								
IN OUT N/A Food separated and protected  IN OUT N/A Food-contact surfaces cleaned & sanitized					The letter to the left of each item indicates that item's status at the time of the inspection.									
IN OUT	N/A					4		in complia = not appl			OUT = not in compliar N/O = not observed	nce		
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food						COS	S=Correcte			R=Repeat Item				
		Good Retail Practices are previous		OOD RE				ogone ch	omicals	and n	hysical objects into fo	ode		
IN OUT		Safe Food and Wa		COS	R	IN	OUT	logens, cn	erricais,		r Use of Utensils	ous.	COS	R
		urized eggs used where require	d						In-use utensils: pr				1	
	water	and ice from approved source						handled			d linens: properly stor			
	Δdeαι	Food Temperature Co late equipment for temperature							ise/single used pro		ce articles: properly s	tored, used	<del>                                     </del>	
	Appro	ved thawing methods used							Uten	sils, Ed	quipment and Vending	]		
	Therm	nometers provided and accurate	:								tact surfaces cleanab and used	le, properly		
		Food Identification							gned, constructed, and used ewashing facilities: installed, maintained, used; test s used					
	Food	properly labeled; original contain									ces clean			
	Insect	Prevention of Food Contamination cts, rodents, and animals not present						Hot and	Physical Facilities and cold water available; adequate pressure			+		
	Conta	tamination prevented during food preparation, storage							lumbing installed; proper backflow devices			1		
	Perso	nd display ersonal cleanliness: clean outer clothing, hair restraint,						Sewage	ewage and wastewater properly disposed			+		
		ngernails and jewelry /iping cloths: properly used and stored				1		Toilet fa	Foilet facilities: properly constructed, supplied, cleaned			+		
		and vegetables washed before					Garbage/refuse properly disposed; facilities maintained			maintained				
Person in Ch	arge /T	itle: a 1-1				1		Physica	I facilities	s instal Date	led, maintained, and	clean		
. 0.3011 111 011	aige / I	Berillonn	an											
Inspector:	ryla	Brady.			Tel	lephoi	ne No.	PHE	S No.		w-up: w-up Date:	Yes	N	No
MO 580-1814 (2-13)	7		DISTRIBUTION: WHIT	E – OWNER	R'S COPY			CANARY - F	ILE COPY					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

	FSTARI	ISHMENT	INSPECTIO	N REPORT
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PAGE <sup>2</sup> of

ESTABLISHMENT NAME		ADDRESS	ADDRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ATION TEMP. ir				
_									
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reducti /E IMMEDIATE ACTION within 7	on to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial		
							BH		
							BH BH		
							11		
							$\mathcal{B}H$		
							BH		
							17.11		
Code Reference	Core items relate to general sanitation	CORE I	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial		
	standard operating procedures (SSOF	es). These items are to be corre	ected by the next regular insp	pection or as	stated.				
							RH		
							BH BH		
							BH		
							BH		
							BH		
							BH		
							BH		
		EDUCATION PRO	VIDED OR COMMENTS						
Person in Ch	narge /Title: Bound for	M 1 5 )			Date:				
Inspector:	ayla Brady	,	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No		



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

PAGE 3

ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or re	PRITY ITEMS eduction to an acceptable level, haza thin 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, faciliti	RE ITEMS ies or structures, equipment design, corrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			PROVIDED OR COMMENTS				HH H HH BB BB BH BH	
Person in Ch	narge /Title:				Date:			
Inspector:	Mula Brady	nan	Telephone No.	PHES No.	Follow-up:	Yes	No	
1	angu (D) aacy	DISTRIBUTION: WHITE - OWN			Follow-up Date:		E6.37A	