

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 | ION THIS DAY, THE ITEMS NO TION, OR SUCH SHORTER P FOR CORRECTIONS SPECIFI | ERIOD OF TIME AS MA | AY BE SPEC | SIFIED | N WRI | TING BY 1 | THE REGULA | TORY AUTHORITY. FAILU | | | |
|--|---|-----------------------------------|-----------------|---|------------|------------------------------|--|---|-------------------|-------|-------|
| ESTABLISHMENT NA | | OWNER: | ATRESULT | | SSATIC | | | PERSON IN CHARGE | : | | |
| ADDRESS: | | | | EST | ABLIS | HMENT | NUMBER: | COUNTY: | | | |
| CITY/ZIP: | | PHONE: | | FAX | : | | | P.H. PRIORITY : | H M | Л | L |
| ESTABLISHMENT TYPE BAKERY RESTAURANT | C. STORE CATER SCHOOL SENIO | | l Mer F.P. | | GROCE | ERY STOR | | NSTITUTION MO EMP.FOOD | OBILE VEN | NDORS | 6 |
| PURPOSE Pre-opening | Routine Follow-up | Complaint | Other | | | | | | | | |
| FROZEN DESSERT Approved Disap License No. | oproved Not Applicable | SEWAGE DISPOS/ PUBLIC PRIVA | | TER S COMN | | | NON-COM Date Sam | | RIVATE Results | | |
| | <u> </u> | RISK FAC | |) INTE | RVEN | TIONS | | | | | |
| | eparation practices and employ aks. Public health intervention | | | | | | | and Prevention as contribut | ting factors | in | |
| Compliance | Demonstration of k | | | | mpliance | | | Potentially Hazardous Foods | | COS | R |
| | Person in charge present, dem and performs duties | onstrates knowledge, | | IN | OUT | N/O N/A | Proper coo | king, time and temperature | | | |
| IN OUT | Employee Heal | | | IN IN | | N/O N/A N/O N/A | | | | | |
| | Proper use of reporting, restric | tion and exclusion | | IN | OUT | N/O N/A | Proper hot | holding temperatures | | | |
| IN OUT N/O | Good Hygienic F Proper eating, tasting, drinking | | | | OUT OUT | N/A N/O N/A | Proper cold holding temperatures Proper date marking and disposition | | | | |
| IN OUT N/O | No discharge from eyes, nose | and mouth | | IN | | N/O N/A | Time as a p records) | he as a public health control (procedures / | | | |
| | Preventing Contamina Hands clean and properly was | | | | | | | Consumer Advisory advisory provided for raw or | • | | |
| | | | | IN | OUT | IN/A undercooke | | ed food | | | |
| | I/O No bare hand contact with ready-to-eat foo approved alternate method properly followed | | | н | | ghly Susceptible Populations | S | | | | |
| | Adequate handwashing facilitie accessible | es supplied & | | IN | OUT | N/O N/A | Pasteurized offered | d foods used, prohibited food | ds not | | |
| | Approved Sc | | | | | | | Chemical | | | |
| | Food obtained from approved source | | | IN OUT Toxic subs | | | Toxic subst | ves: approved and properly tances properly identified, st | | | |
| | | | | used | | | used Confor | mance with Approved Proce | dures | | |
| | Required records available: sh destruction | ellstock tags, parasite | | IN | OUT | N/A | Compliance and HACC | e with approved Specialized P plan | Process | | |
| | Protection from Con Food separated and protected | ntamination | | The | lattar t | o the left o | f each item ir | ndicates that item's status at | the time of | ftha | |
| IN COL IN/A | Food-contact surfaces cleaned | & sanitized | | | ection. | | | | uie uiile o | | |
| Proper disposition of returned previously served | | | | IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed | | | | | | | |
| IN OUT N/O | reconditioned, and unsafe food | | OD RETAIL | PPACT | | S=Correcte | ed On Site | R=Repeat Item | | | |
| | Good Retail Practices are preve | ntative measures to cor | ntrol the intro | duction | of path | nogens, ch | emicals, and | physical objects into foods. | | _ | |
| IN OUT Safe Food and Water Pasteurized eggs used where required Water and ice from approved source | | 51 | COS R | IN IN | OUT | | Proper Use of Utensils e utensils: properly stored | | | COS | R |
| | | | | | | Utensils handled | s, equipment and linens: properly stored, dried, d | | | | |
| Adequa | Food Temperature Contro Adequate equipment for temperature cont | | | | | | use/single-service articles: properly stored, used used properly | | | | |
| Approve | Approved thawing methods used | | | | | | Utensils, Equipment and Vending nd nonfood-contact surfaces cleanable, properly | | | | |
| Thermo | Thermometers provided and accurate | | | | | designe | d, constructe | d, and used | | | |
| Food Identification | | | | | | Warewa strips us | | es: installed, maintained, use | ed; test | | |
| Food properly labeled; original container Prevention of Food Contamination | | | | | Nonfood | d-contact surf | aces clean hysical Facilities | | | | |
| Insects, rodents, and animals not present | | | | | | | cold water a | vailable; adequate pressure | | | |
| Contamination prevented during food preparation, storage and display | | | | | | Plumbir | ig installed; p | roper backflow devices | | | |
| Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | | Sewage | and wastew | ater properly disposed | | | | |
| Wiping cloths: properly used and stored | | | | | | | erly constructed, supplied, cle | | | | |
| Fruits and vegetables washed before use | | | | | | | | erly disposed; facilities main talled, maintained, and clear | | | |
| Person in Charge /Tit | | | | | | | Dat | ie: | | | |
| Inspector: Mhmi 7 Hm | MAMERIA | | Te | elepho | ne No. | . PHE | | low-up: Ye low-up Date: | s | N | 0 |
| MO 580-1814 (9/12) | | DISTRIBUTION: WHITE - | OWNER'S COP | Y | | CANARY – F | | on up balo. | | | E6.37 |



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

| POOD ESTABLISHMENT INSPECTION REPORT | | | | | PAGE 2 of | 2 of | | |
|--------------------------------------|--|---|--|-----------------|-------------------------------|----------------------|---------|--|
| ESTABLISHMEN | TNAME | ADDRESS | | CITY /ZIP | | | | |
| FO | OD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODU | CT/ LOCATIO | NC | TEMP. i | in ° F | |
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| | | | | | | | | |
| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEN | PRIORITY I elimination, prevention or reductior /E IMMEDIATE ACTION within 72 | FEMS to an acceptable level, hazar hours or as stated. | rds associated | with foodborne illness | Correct by (date) | Initial | |
| | | | | | | | TT | |
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| Code Reference | Core items relate to general sanitation | CORE ITE n, operational controls, facilities or s | tructures, equipment design, g | general mainter | nance or sanitation | Correct by (date) | Initial | |
| | standard operating procedures (SSO | Ps). These items are to be correc | ted by the next regular insp | ection or as s | tated. | | 5 | |
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| | | EDUCATION PROVI | DED OR COMMENTS | | | | | |
| | | | | | | | | |
| Person in Ch | narge /Title: | • () | | | Date: | | | |
| Inspector: | A Honor MMM 2 | ver Sindi. | Telephone No. | PHES No. | Follow-up: Follow-up Date: | Yes | No | |
| MO 580-1814 (9-13 | WWW L | DESTRIBUTION: WHITE - OWNER'S COP | Y CANARY – FILE CO | OPY | | | E6.37A | |

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

| FOOD ESTABLISHMENT IN | ISFECTION REPORT | | PAGE ³ | of | |
|---|--|-------------------------------------|-------------------------------|----------------------|-------|
| TABLISHMENT NAME | ADDRESS | | CITY /ZIP | | |
| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ L | OCATION | TEMP. i | n ° F |
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| Code Reference Priority items contribute directly to the | PRIORITY I | rems | ensisted with foodborne illes | Correct by | Initi |
| Reference Priority items contribute directly to the or injury. These items MUST RECEIN | /E IMMEDIATE ACTION within 72 | hours or as stated. | | ss (date) | |
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| Code ference Core items relate to general sanitation | core ite n, operational controls, facilities or s | tructures, equipment design, genera | I maintenance or sanitation | Correct by (date) | Init |
| standard operating procedures (SSOF | ² S). These items are to be correct | ted by the next regular inspection | or as stated. | | |
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| | EDUCATION PROVI | DED OR COMMENTS | | | |
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| son in Charge /Title: | | | Date: | | |
| son in Charge /Title: Dector: Mhmi 4 Florence MMM Bla | inver | Telephone No. PHES | | Yes | |
| Mini 7 Anna MMM Du 80-1814 (9-13) | DISTRIBUTION: WHITE - OWNER'S COP | · | Follow-up Date: | | E |