

## 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
ESTABLISHMENT NAME: OWNER:										PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT NUMBER			NUMBER:	COUNTY:				
CITY/ZIP: PHONE:						FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISH BAK		TYPE	C. STORE CATE	RER DE	ELI		(	ROCE	RY STOR	F IN	NSTITUTION	MOBILE V	/FNDOR:	S
RES	TAUR	ANT			MMER I	F.P.		AVER			EMP.FOOD	WOBIEE V	LINDOIN	
PURPOSE Pre-	openir	ng	Routine Follow-up	Complaint	Oth	ner								
FROZEN	IDES	SERT		SEWAGE DISPOS				UPPL'						
Approv			pproved Not Applicable	PUBL	IC		COMMUNITY NOI				NON-COMMUNITY PRIVATE Date Sampled Results _			
Lic	cense	No		PRIV				D) (E) I	T10110	- Date can		- toodito		
District				RISK FAC						01	L. I.D. C.	Ch. C. S.		
			reparation practices and emplo eaks. Public health intervention								and Prevention as con	tributing facti	ors in	
Compliance	!		Demonstration of		COS R			mpliance	9	Potentially Hazardous Foods			COS	S R
IN OUT	IN OUT Person in charge present, demo and performs duties		monstrates knowledge,			IN (	OUT	N/O N/A	Proper coo	king, time and temperat	ture			
			Employee H	lealth			IN (		N/O N/A		neating procedures for h			
IN OUT			Management awareness; poli				_		N/O N/A					
IN OUT			Proper use of reporting, restriction Good Hygienic								holding temperatures d holding temperatures		+-	
IN OUT	N/O		Proper eating, tasting, drinking	g or tobacco use					N/O N/A	Proper date	e marking and disposition			
IN OUT	N/O		No discharge from eyes, nose				IN	OUT	N/O N/A	Time as a precords)	public health control (pro			
			Preventing Contamin  Hands clean and properly was							Congumer	Consumer Advisory advisory provided for raw or			
IN OUT	N/O		,				IN	OUT	N/A	undercook	ed food			
IN OUT	N/O		No bare hand contact with rea approved alternate method pr	operly followed							ighly Susceptible Popula			
IN OUT Adequate handwashing facilities su accessible			es supplied &			IN (	OUT	N/O N/A	Pasteurize offered	d foods used, prohibited	I foods not			
Approved Source							OUT			Chemical				
	IN OUT Food obtained from approved source							OUT	N/A		ives: approved and prop tances properly identifie		d	
	111 001 11/0 11/A						IIN	used						
Required records avail		Food in good condition, safe a Required records available: sl								Conformance with Approved Procedures  Compliance with approved Specialized Process				
IN OUT N/O N/A destruction				_						d HACCP plan				
IN OUT		NI/A	Protection from Co				The	letter t	o the left o	f each item ir	ndicates that item's statu	is at the time	of the	
IN OUT	5. 10/4					inspection.								
Proper disposition of returned previous		, previously served,	IN = in compliance N/A = not applicable			icable	N/O = not observed							
IN OUT	N/O		reconditioned, and unsafe foo	d			COS=Corrected On Site R=Repeat Item							
			Good Retail Practices are prevent		OOD RE				nogens ch	emicals and	physical objects into for	ods		
IN C	UT		Safe Food and Wa		COS	R	IN	OUT	logorio, ori		per Use of Utensils	ouc.	cos	R
			eurized eggs used where required			<u> </u>				utensils: properly stored ils, equipment and linens: properly stored, dried,				
Water and ice from appro		and ice from approved source						handled						
	Food Temperature Control									rvice articles: properly s	tored, used			
			ate equipment for temperature yed thawing methods used	control			1		Gloves	used properly	y Equipment and Vending	•		
	+		ometers provided and accurate	·			1		Food an	d nonfood-co	ontact surfaces cleanab	le, properly	-	
		Food Identification							designe	d, constructe	ed, and used			
									strips us	ed	es: installed, maintained	, used; test		
	-	Food p	properly labeled; original contain Prevention of Food Contain					Nonfoo		d-contact surfaces clean			_	-
		Insects	s, rodents, and animals not pres				1		Hot and	Physical Facilities nd cold water available; adequate pressure			1	
			ntamination prevented during food preparation, storage							umbing installed; proper backflow devices				
		and dis	nd display ersonal cleanliness: clean outer clothing, hair restraint,			1	1		Sources	and waster	rator properly disposed		<del> </del>	
		fingernails and jewelry					L			wage and wastewater properly disposed			<u></u>	
	Wiping cloths: properly used and stored								Toilet facilities: properly constructed, supplied, cleaned			$\bot$		
Fruits and vegetables washed before use				1				erly disposed; facilities talled, maintained, and o		+	1			
Person ii	n Cha	rge /Ti	itle:	0		1			i nysica	Dat		organi		1
		J 11	Johnie DENKL	Kun										
Inspecto	r:	Mu	ylor Bradis		_	Te	lepho	ne No	. EPH		llow-up: llow-up Date:	Yes	N	Мо
MO 580-1814	(9-13)	1		DISTRIBUTION: WHITE	– OWNER	R'S COPY	,		CANARY - F					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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ESTABLISHMENT NAME		ADDRESS		CITY/ZIF	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	ION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORIT e elimination, prevention or reduce VE IMMEDIATE ACTION within	TY ITEMS ction to an acceptable level, hazard 72 hours or as stated.	ds associate	d with foodborne illness	Correct by (date)	Initial	
							$\bigcirc \mathcal{R}$	
							7"	
Code Reference	Core items relate to general sanitatio standard operating procedures (SSO	n, operational controls, facilities	ITEMS or structures, equipment design, governed by the next regular inspe	eneral maint	enance or sanitation	Correct by (date)	Initial	
							$\mathcal{A}$	
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							$\cap \mathcal{R}$	
							00	
							4	
		EDUCATION	OVIDED OF OCUMENTS					
		EDUCATION PRO	OVIDED OR COMMENTS					
	$\bigcirc$							
Person in Charge /Title: Date:								
Inspector:	Nauda Bradis		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)	1000100 0 1 1000000	DISTRIBUTION: WHITE - OWNER'S	COPY CANARY – FILE CO	PY	i oliow-up Date.		E6.37A	