

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 F	ROUTINE	E INSPE	TION THIS DAY, THE IT	RTER PERIOD	OF TIME AS N	MAY BE	SPEC	IFIED I	N WRI	TING BY	THE REG	ULA	ORY AUTHORITY. I			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN ESTABLISHMENT NAME:					OWNER:						JOK 1 001	D OF	PERSON IN CHARGE:			
ADDRESS:						ESTABLISHMENT NUM					NUMBE	R:	COUNTY:			
CITY/ZIP:					PHONE:				FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUM						LI MMER F	GROCERY STORE INSTITUTION MOBILE F.P. TAVERN TEMP.FOOD					VENDO	RS			
PURPO	ose Pre-oper	ing	Routine Fo	ollow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable PUB					AGE DISPOS PUBL			ATER SUPPLY COMMUNITY NON-COMMU								
	Licens	e No			PRIVA						Date S	Sam	oled	Result	s	
					RISK FAC											
			reparation practices and eaks. Public health inte									ntrol a	and Prevention as con	tributing fa	ctors in	
Compli			Demonstra	ation of Knowled	lge	cos			mplianc				tentially Hazardous F		C	OS R
IN C	OUT		Person in charge pres and performs duties	ent, demonstrate	es knowledge,			IN OUT		N/O N/A	Proper	cook	ing, time and tempera	ture		
				oloyee Health				IN (TUC	N/O N/A	Proper	rehe	ating procedures for h	not holding		
	OUT		Management awarene	ess; policy prese						N/O N/A	Proper	cooli	ng time and temperatu			
IN (TUC		Proper use of reporting	g, restriction and ygienic Practice:					OUT OUT	N/O N/A N/A			olding temperatures holding temperatures			
IN C	OUT N/	С	Proper eating, tasting,	drinking or toba	cco use				OUT	N/O N/A			marking and disposition	on		
IN (OUT N/	0	No discharge from eye	es, nose and mo	uth			IN	OUT	N/O N/A	Time a		ublic health control (pr	ocedures /		
			Preventing Co	ontamination by	Hands						records	>)	Consumer Advisory	1		
IN (OUT N/)	Hands clean and prop	erly washed				IN	OUT	N/A			dvisory provided for ra	aw or		
IN (OUT N/	1	No bare hand contact	with ready-to-ea	it foods or						underc		hly Susceptible Popul	ations		
		<i></i>	approved alternate me				_				Diviti		6 d d h 2h 2h 2h	1.6		
IN (DUT		Adequate handwashin accessible		ied &			IN	OUT	N/O N/A	offered		foods used, prohibited	1 toods not		
IN (OUT			roved Source				INI	OUT	N/A	Food o	al alitic	Chemical es: approved and pro	a a rly y a a d		
IN OUT Food obtained from approved s IN OUT N/O N/A Food received at proper temper							IN OUT TO					stances properly identified, stored and				
IN (TUC		Food in good condition								Conformance with Approved Procedures					
IN C	IN OUT N/O N/A Required records available: shell: destruction			lable: shellstock	0 / 1			IN OUT N/A			Compliance with approved Specialized Process and HACCP plan				ess	
				from Contamina	tion				1.11				P		6 11	
IN C	DUT	N/A	Food separated and p			The letter to the left inspection.					t of each item indicates that item's status at the time of the					1
IN (IN OUT N/A Food-contact surfaces cleaned								IN =	in compli						
IN (OUT N/	0	Proper disposition of reconditioned, and uns					N/A = not app COS=Correct			oplicable N/O = not observed cted On Site R=Repeat Item					
			reconditioned, and and	Sale leed		OOD RE	TAIL	PRAC1					·			
	_		Good Retail Practices a		measures to co					hogens, ch				ods.		
IN	OUT	Pasto	Safe Food and Water			cos	R	IN	OUT	In use i	Proper Use of Utensils e utensils: properly stored				COS	S R
			urized eggs used where required and ice from approved source								ils, equipment and linens: properly stored, dried,					
			Food Tompore	atura Cantral				-		handled			ioo ortioloo, proporty o	tored uses		
		Adequ	Food Temperature Con dequate equipment for temperature co								igie-use/singie- oves used prop		ice articles: properly s	torea, used	1	
		Appro	ved thawing methods us	sed							Utens	sils, E	quipment and Vending			
		Therm	mometers provided and accurate								d and nonfood igned, constru		itact surfaces cleanab and used	le, properly	′	
			Food Iden	tification						Warewashing fa			es: installed, maintained, used; test			
		Food	properly labeled; original	l container				1		strips u	used od-contact surfaces clean					+
		1 000	Prevention of Foo							14011100	u-contact		ysical Facilities			
			s, rodents, and animals		lian at								ailable; adequate pres			
	Contamination prevented during food prep and display				tion, storage					Piumbir	oing installed; proper backflow devices ge and wastewater properly disposed					
Personal cleanliness: clean outer clothing			uter clothing, hai	r restraint,					Sewage							
-	fingernails and jewelry Wiping cloths: properly used and stored Fruits and vegetables washed before use						1		Toilet fa	acilities: n	roper	y constructed, supplie	ed, cleaned		+	
									Garbag	e/refuse p	orope	rly disposed; facilities	maintained			
			:41					1		Physica			lled, maintained, and	clean		
Pers	on in Ci	ıaıge / I	me. June Sol	MARSON								Date				
Inspe	ector:	athyr	itle: June Ed Perant Jaylor E	Brady			Те	lepho	ne No	. EPF			ow-up: ow-up Date:	Yes		No



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

	FSTARI	ISHMENT	INSPECTIO	N REPORT
OOD	LOIADL		HINGELUIC	

PAGE 2 of

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP				
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ION	TEMP. in ° F			
Code	Dairente itana a antiika ta alimatka ta tha	PRIORITY	ITEMS		d with foodbare illean	Correct by	Initial		
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	E IMMEDIATE ACTION within 7	2 hours or as stated.	irus associate	d with loodborne limess	(date)			
							TS		
							(-		
							TS		
							(0		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE IT	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial		
	standard operating procedures (COOF	o). These items are to be corre	oted by the next regular ma	occiton or as	Stateu.				
							TS		
J		EDUCATION PROV	/IDED OR COMMENTS						
Person in Ch	arge /Title: June Color	adric			Date:				
Inspector:	M Perant papa Bian		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		