

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	Y BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	ULATORY AUTHORITY			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NO ESTABLISHMENT NAME: OWNER			AT RESUL		PERSON IN CHARGE:						
ADDRESS:	1		EST	ABLISH	IMENT I	NUMBE	R: COUNTY:				
CITY/ZIP:	CITY/ZIP: PF			FAX:			P.H. PRIORITY	: н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE		l Mer F.P.	GROCERY STORE INSTITUTION MOBILE VENDORS							٨S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Dis License No.	approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVAT	>	ATER S COMN	UPPLY IUNITY			COMMUNITY Sampled	PRIVAT Result		
		RISK FACT		D INTE	RVENT	IONS					
	preparation practices and employee							ntrol and Prevention as o	contributing fac	tors in	
foodborne illness outbr Compliance	eaks. Public health interventions Demonstration of Kn				ne Illnes: mpliance	s or injury	<u>.</u>	Potentially Hazardous	s Foods	CC	DS F
IN OUT	Person in charge present, demor	<u> </u>		_	OUT N	/0 N/A	Proper	cooking, time and temp			
	and performs duties Employee Hea	lth	┢──┼	IN (/O N/A	Proper	reheating procedures for	or hot holding		-+
IN OUT	Management awareness; policy	present		IN (OUT N	/O N/A	Proper	cooling time and temper	ratures		
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT N</u> OUT	I/O N/A N/A		hot holding temperature cold holding temperature			
IN OUT N/O	Proper eating, tasting, drinking o	r tobacco use			OUT N		Proper	date marking and dispos	sition		
IN OUT N/O	No discharge from eyes, nose ar	nd mouth		IN	OUT N	I/O N/A	Time a records	s a public health control	(procedures /		
	Preventing Contamination						Canau	Consumer Advis mer advisory provided fo			
IN OUT N/O	Hands clean and properly washe	d		IN	OUT	N/A		ooked food			
IN OUT N/O	No bare hand contact with ready approved alternate method prope						Highly Susceptible Populations				
IN OUT	Adequate handwashing facilities			IN				rized foods used, prohib	ited foods not		_
	accessible Approved Sour	ce					offered	Chemical			
IN OUT Food obtained from approved source				IN	OUT	N/A		dditives: approved and p			
IN OUT N/O N/A	OUT N/O N/A Food received at proper temperature			IN	OUT		Toxic s used	ubstances properly iden	tified, stored a	nd	
IN OUT	Food in good condition, safe and			Confe			nformance with Approve				
IN OUT N/O N/A	Required records available: shell destruction	stock tags, parasite		IN	OUT	N/A		ance with approved Spe ACCP plan	cialized Proce	SS	
	Protection from Conta	amination			1	0					
IN OUT N/A	Food separated and protected Food-contact surfaces cleaned 8	conitized			ection.	the left of	r each ite	em indicates that item's s	tatus at the tin	ie of the	
IN OUT N/A						n complia • not appli		OUT = not in comp N/O = not observe			
IN OUT N/O	Proper disposition of returned, pr reconditioned, and unsafe food					=Correcte			4		
			OD RETAI						. .		
IN OUT	Good Retail Practices are prevent Safe Food and Water		COS R		OUT	ogens, che		and physical objects into Proper Use of Utensils	o foods.	COS	R
	urized eggs used where required						tensils: p	properly stored			
Water	r and ice from approved source					Utensils, handled		ent and linens: properly	stored, dried,		
	Food Temperature Contr					Single-u	se/single	e-service articles: proper	y stored, used		
	uate equipment for temperature cor oved thawing methods used	ntrol		_		Gloves ι		perly sils, Equipment and Vend	dina		
	nometers provided and accurate						d nonfoo	d-contact surfaces clear			+
	Food Identification			_				ucted, and used cilities: installed, maintair	ned, used: test		
						strips us	ed		, ,		_
Food properly labeled; original container Prevention of Food Contamination						Nonfood	od-contact surfaces clean Physical Facilities				-
	Insects, rodents, and animals not present							er available; adequate p			
	mination prevented during food pre isplay	eparation, storage				Plumbin	g installe	d; proper backflow device	ces		
Perso	nal cleanliness: clean outer clothin	g, hair restraint,				Sewage	and was	stewater properly dispose	ed		
fingernails and jewelry Wiping cloths: properly used and stored					Toilet fa	cilities: p	roperly constructed, sup	plied, cleaned			
	Fruits and vegetables washed before use					Garbage	e/refuse	properly disposed; faciliti	es maintained		
Person in Charge /1				I		Physical	acilities	installed, maintained, a Date:	nu cleañ		
	me. Shundth										
Inspector: MMM	r Drady		Т	elepho	ne No.	EPH		Follow-up: Follow-up Date:	Yes		No
MO 580-1814 (9/13)	Ú	DISTRIBUTION: WHITE -	OWNER'S CO	PY	C	CANARY - FI		· ··· - ····			E6.37



F	OOD ESTABLISHMENT IN			PAGE ² of			
ESTABLISHMEN	TNAME	ADDRESS		CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT	T/ LOCATION		TEMP. i	n°F
Code Reference	Drightly items contribute directly to the	PRIORITY IT	EMS	acception of with	foodborno illagoo	Correct by (date)	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEN	/E IMMEDIATE ACTION within 72	hours or as stated.			(uate)	
							$\left \begin{array}{c} \mathbf{a} \\ \mathbf{a} \\$
							(7)
							(70)
Code Reference	Core items relate to general sanitation	core ite , operational controls, facilities or st	ructures, equipment design, ger	neral maintenanc	e or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOF	S). These items are to be correct	ed by the next regular inspect	tion or as stated	l.		(30)
							(A
							(7)
							(7)
							\square
							$\left \left(\begin{array}{c} \\ \end{array}\right)\right $
		EDUCATION PROVI	DED OR COMMENTS				
Person in Cl	narge /Title:)		Date	e:		
Inspector:	Naula Bradu	J	Telephone No.	PHS No. Foll	ow-up:	Yes	No
MO 580-1814 (9-1		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE COPY		ow-up Date:		E6.37A



		PAGE ³ of			
ESTABLISHMENT NAME	ADDRESS		CITY /ZIP		
FOOD PRODUCT/LOCATION	N TEMP. in ° F	FOOD PRODUC	T/ LOCATION	TEMP. ir	n°F
Code Reference Priority items contribute direc or injury. These items MUS	PRIORI ctly to the elimination, prevention or redu T RECEIVE IMMEDIATE ACTION withi	TY ITEMS iction to an acceptable level, hazard n 72 hours or as stated.	s associated with foodborne ill	ness (date)	Initial
Code	CORE	EITEMS		Correct by	Initial
Reference Core items relate to general	sanitation, operational controls, facilities res (SSOPs). These items are to be co	or structures, equipment design, ge	eneral maintenance or sanitation or as stated.	in (date)	
					(\mathcal{A})
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					\mathcal{O}
	EDUCATION PR	OVIDED OR COMMENTS		•	
Person in Charge /Title:	NH		Date:		
Inspector:		Telephone No.	EPHS No. Follow-up:	Yes	No

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ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIF	0		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECE!	PRIORITY IT e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	TEMS to an acceptable level, haza hours or as stated.	rds associated	I with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	CORE ITE n, operational controls, facilities or st Ps). These items are to be correct	ructures, equipment design, g	general mainte ection or as	enance or sanitation stated.	Correct by (date)	Initial
							(7)
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		EDUCATION PROVI	DED OR COMMENTS				1
Person in Ch	harge /Title:				Date:		
Inspector:	Mayon Brady		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9/3)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C	OPY			E6.37A

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FOOD ESTABLISHMENT INSPECTION REPORT					PAGE ⁵ of			
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP)			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ L			TEMP. ii	n°F	
Code		PRIORITY IT	FMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	irds associated	I with foodborne illness	(date)	millar	
Code		CORE ITE	MS	_	_	Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n. operational controls, facilities or st	ructures, equipment design.	general mainte pection or as s	enance or sanitation stated.	(date)	initia	
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		EDUCATION PROVI	DED OR COMMENTS			1	1	
Person in Ch	arge /Title:				Date:			
Inspector:	Mailles Bradin)	Telephone No.	EPHS No.	Follow-up:	Yes	No	
MO 580-1814 (9- 1 8)		DISTRIBUTION: WHITE - OWNER'S COP		OPY	Follow-up Date:		E6.37A	