

## 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 INSPE	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY 1	THE REGU	LATORY AUTHORITY. FAI				
ESTABLISHMENT N		OWNER:			SSATIO	NOI TO	<u>OKTOOD</u>	PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBER	R: COUNTY:	COUNTY:			
CITY/ZIP:		PHONE:		FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOR		.I IMER F.P.		GROCEI AVERN	RY STOR		INSTITUTION I	MOBILE V	ENDOF	RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disa	approved Not Applicable	SEWAGE DISPOSA PUBLIC			UPPLY (UNITY				PRIVATE Results			
License No		PRIVAT		) INTF	RVFNT	IONS						
	preparation practices and employ	ree behaviors most com	monly repor	ted to th	ne Cente	ers for Dis		rol and Prevention as contrib	outing facto	ors in		
foodborne illness outbre Compliance	eaks. Public health intervention  Demonstration of h				ne illnes	s or injury	/. I	Potentially Hazardous Food	40	CC	S R	
IN OUT	Person in charge present, dem		000 1	+		I/O N/A	Proper c	ooking, time and temperature			,0 1	
110 001	and performs duties  Employee He	ealth		IN		1/O N/A	Proper r	reheating procedures for hot	holdina			
IN OUT	Management awareness; polic	y present		IN	A TUC	I/O N/A	Proper c	ooling time and temperatures				
IN OUT	Proper use of reporting, restrict Good Hygienic F		<del>                                     </del>		<u>1 TUO</u> TUO	N/A N/A		ot holding temperatures old holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking					N/O N/A	Proper d	ate marking and disposition				
IN OUT N/O	No discharge from eyes, nose			IN	OUT N	N/O N/A	records)		eaures /			
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	OUT	N/A		Consumer Advisory er advisory provided for raw o oked food	or			
IN OUT N/O	No bare hand contact with read					Highly Susceptible Populations						
IN OUT	approved alternate method pro Adequate handwashing facilitie			INI	OUT N	N/O N/A Pasteurized foods used, prohibited foods not						
	accessible Approved So	urce		- 111		10 11/1	offered	Chemical				
IN OUT	Food obtained from approved	source		IN	OUT	N/A		ditives: approved and proper				
IN OUT N/O N/A	Food received at proper tempe	erature		IN	OUT		Toxic sulused	bstances properly identified,	stored and	d		
IN OUT	Food in good condition, safe an							formance with Approved Prod				
IN OUT N/O N/A	Required records available: shi destruction			IN OUT N/A Compliance with approved Specialized F and HACCP plan				ed Process	5			
IN OUT N/A	Protection from Cor Food separated and protected	ntamination		The	letter to	the left o	f each item	n indicates that item's status	at the time	of the		
IN OUT N/A	Food-contact surfaces cleaned	& sanitized	1	The letter to the left of each item indicates that item's status at the time of the inspection.  IN = in compliance  OUT = not in compliance								
Proper disposition of returned proviously served				N/A = not applicable N/O = not observed								
IN OUT N/O	reconditioned, and unsafe food	i i				=Correcte	ed On Site	R=Repeat Item				
	Good Retail Practices are preve		OD RETAIL			ngens ch	emicals a	nd physical objects into foods	s			
IN OUT	Safe Food and Water	er	COS R	IN	OUT		Р	roper Use of Utensils		COS	R	
	eurized eggs used where required r and ice from approved source			-				operly stored nt and linens: properly stored	l dried			
vator						handled		,	<i>'</i>			
Adequ	Food Temperature Coluate equipment for temperature of			+			use/single-sused prope	service articles: properly store	ed, used	$\vdash$		
Appro	oved thawing methods used						Utensil	s, Equipment and Vending				
Therm	nometers provided and accurate							-contact surfaces cleanable, cted, and used	properly			
	Food Identification					Warewa	shing facil	ities: installed, maintained, u	sed; test			
Food properly labeled; original container					strips used Nonfood-contact surfaces clean							
Innest	Prevention of Food Contamination			-	Physical Facilities							
Insects, rodents, and animals not present  Contamination prevented during food preparation, storage				Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices						+	+	
and di		,		+				ewater properly disposed		1	-	
finger	nails and jewelry		anit,									
	g cloths: properly used and store and vegetables washed before u			+				perly constructed, supplied, operly disposed; facilities ma		+		
	, A.						l facilities i	nstalled, maintained, and cle		1		
Person in Charge /T	Title: Anythir Danag	un 1						Date:				
Inspector:	Blady Valdyn Round	b.	Te	elepho	ne No.	EPH		•	⁄es		No	
MO 580-1814 (Ø-13)	7,0000	DISTRIBUTION: WHITE -	OWNER'S COF	Υ	(	CANARY – F		follow-up Date:			E6.37	



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ESTABLISHMENT NAME		ADDRESS		CITY/ZIF	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECE	PRIOR e elimination, prevention or red VE IMMEDIATE ACTION with	RITY ITEMS uction to an acceptable level, hazar in 72 hours or as stated.	ds associated	d with foodborne illness	Correct by (date)	Initial	
							77	
							14	
							<del>1</del> 74	
Code Reference	CORE ITEMS  Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.							
							TH	
							TH	
							<del>1</del> H	
							14	
EDUCATION PROVIDED OR COMMENTS								
Person in Ch	narge /Title: Nath	nen 1			Date:			
Inspector:	Vaylor Brady Vatolyo	DISTRIBUTION: WHITE - OWNER	1 34	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



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							74
		EDITICATION DDC	OVIDED OR COMMENTS				
		LDUCATION PRO	WIDED ON GOIMMENTS				
	م الم						
Person in Ch	narge /Title:	Doin /			Date:		
Inspector:	Jaylor Bladay Katalyor F	and	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No