

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 R	JUTINE	INSPE	CTION, OR SUCH SHORTER PE	ERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRIT	ING BY T	HE REC	SULA	ILITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE ESTABLISHMENT NAME: OWNER:				IVIAT INL	<u> </u>	JET IN CESSATION OF TOUR FOOD O					PERSON IN CHARGE:				
ADDRESS:				l		ESTABLISHMENT NUMBER					R:	: COUNTY:			
CITY/ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER					ELI MMER I	ELI GROCERY STORE INSTITUTION MOBIL MMER F.P. TAVERN TEMP.FOOD							ENDOR	.S	
PURPOS P	SE re-openi	ng	Routine Follow-up	Complaint	Oth	ner									
_	EN DES		approved Not Applicable	SEWAGE DISPOSE	.IC	C COMMUNITY NON-COM						MMUNITY PRIVATE			
	License	No		PRIV				D) (E) 13		Date	Sali	ipieu Results			
Dialeta	-4			RISK FAC						0-			:		
			preparation practices and employ eaks. <mark>Public health interventio</mark> r								ntroi	and Prevention as contributing factor	ors in		
Complia	nce		Demonstration of k		COS	S R	Co	mpliance		,		otentially Hazardous Foods	CO	S F	
IN O	JT		Person in charge present, dem and performs duties	onstrates knowledge,			IN	1 TUO	N/O N/A	Proper	cool	king, time and temperature			
			Employee He				IN		N/O N/A			eating procedures for hot holding			
IN O	UT LIT		Management awareness; polic Proper use of reporting, restrict				IN		N/O N/A			ing time and temperatures holding temperatures		-	
			Good Hygienic P	ractices				OUT	N/A	Proper	cold	holding temperatures			
	JT N/O		Proper eating, tasting, drinking No discharge from eyes, nose				IN	OUT	N/O N/A			e marking and disposition public health control (procedures /			
IN O	UT N/C)	<u> </u>				IN	1 TUO	N/O N/A	record		Consumer Advisory			
IN O	UT N/O	ı	Preventing Contamina Hands clean and properly wash				IN	OUT	N/A						
IN 0	UT N/C		No bare hand contact with read	ly-to-eat foods or						underd		ghly Susceptible Populations		-	
		,	approved alternate method pro							Dooto	.ri=0.0	d foods wood probibited foods not			
IN OUT Adequate handwashing facilities accessible						IN	1 TUO	N/O N/A	offered		I foods used, prohibited foods not				
IN OUT Food obtained from approved sour						IN	OUT	N/A	Food a	dditi	Chemical ves: approved and properly used				
	Food received at prepar tempera						1	OUT	1,071			stances properly identified, stored and			
IN O	. coa in good containon, care and										mance with Approved Procedures				
IN O	IN OUT N/O N/A Required records available: shells destruction		ellstock tags, parasite			IN	OUT	N/A	and H		e with approved Specialized Process Pplan	;			
			Protection from Cor	ntamination										•	
IN O	JT	N/A	Food separated and protected					letter to ection.	the left o	of the					
IN O	UT	N/A	Food-contact surfaces cleaned				IN = in compliance					OUT = not in compliance			
IN o	IN OUT N/O Proper disposition of returned, prev reconditioned, and unsafe food					N/A = not applicable COS=Corrected On Site				е	N/O = not observed R=Repeat Item				
			, , , , , , , , , , , , , , , , , , , ,		OOD RE	ETAIL	PRACT	ΓICES							
	OUT		Good Retail Practices are preve				_		ogens, ch	emicals,					
IN	OUT	Paste	Safe Food and Wate urized eggs used where required		cos	R	IN	OUT	In-use u	tensils: r		er Use of Utensils erly stored	cos	R	
			and ice from approved source						Utensils	nsils, equipment a		and linens: properly stored, dried,			
			Food Temperature Cor	ntrol					handled Single-		-ser	vice articles: properly stored, used	-		
		Adequ	ate equipment for temperature of	ontrol			-			Gloves used pro					
			ved thawing methods used						Utensils, E Food and nonfood-cor designed, constructed			Equipment and Vending			
		Inerm	nometers provided and accurate												
			Food Identification							Warewashing facilities: installed, maintained, used; tes strips used					
		Food	properly labeled; original contain									aces clean			
		Insect	Prevention of Food Contar s, rodents, and animals not preso						Hot and	cold wa	nysical Facilities /ailable; adequate pressure				
		Conta	mination prevented during food p				1					roper backflow devices			
	and display Personal cleanliness: clean outer clothing, hair re			ing, hair restraint.			+		Sewage	and was	stewa	ater properly disposed			
fingernails and jewelry Wiping cloths: properly used and stored Fruits and vegetables washed before use															
				-	-					rly constructed, supplied, cleaned erly disposed; facilities maintained	1				
		iiuito	and regulation wastica befole t				<u> </u>					alled, maintained, and clean		<u> </u>	
Perso	n in Ch	arge /T	itle: DOVANAN -	In Do							Dat	e:			
Inspec	ctor:	Nam	itle: POXANN -	· Wal ser Je		Те	elepho	ne No.	EPH	S No.		ow-up: Yes ow-up Date:	ı	No	



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ESTABLISHMEN [*]	T NAME	ADDRESS		CITY/ZIF	CITY/ZIP			
FOO	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 RECEIV	PRIOR PRIOR elimination, prevention or red E IMMEDIATE ACTION with	ITY ITEMS uction to an acceptable level, hazan in 72 hours or as stated.	ds associated	d with foodborne illness	Correct by (date)	Initial	
Code						Correct by	Initial	
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.							
		EDUCATION PR	ROVIDED OR COMMENTS					
Person in Ch	arge /Title: POXOVVI)	Hon bro			Date:			
Inspector:	aya Diady	DISTRIBUTION: WHITE - OWNER		EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374	



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FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TEMP. in ° F				
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	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN 72	nours or as stated.						
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITI n, operational controls, facilities or s Ps). These items are to be correct	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
			IDED OR COMMENTS						
Person in Ch	parge /Title: DOVAN IN I	Pon bo			Date:				
Inspector:	harge /Title: Poyann + Mayla Dhadh		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No		