

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	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REC	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO		
			OWNER:	N THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOL OWNER:					D OF	PERSON IN CHARGE:				
ADDRESS:				-		ESTABLISHMENT NUMBE			R:	COUNTY:				
CITY/ZIP:			PHONE:	PHONE: F			:				P.H. PRIORITY: H	М	L	
1	BLISHMEN BAKERY RESTAU		C. STORE CATE SCHOOL SENIC		ELI MMER F	GROCERY STORE ER F.P. TAVERN						INSTITUTION MOBILE VENDORS		
PURPO	OSE Pre-oper	ing	Routine Follow-up	Complaint	Oth	ner								
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPOS	_	COMMUNITY NON-C						DMMUNITY PRIVATE			
	Licens	e No		PRIV						Date	Sam	pled Results		
				RISK FAC										
			preparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing factor	ors in	
Compli			Demonstration of		COS			mpliance			Р	otentially Hazardous Foods	СО	S R
IN C	DUT		Person in charge present, der and performs duties	monstrates knowledge,	wledge,			OUT	N/O N/A	Prope	cool	king, time and temperature		
			Employee F	lealth			IN	OUT	N/O N/A	Proper	reh	eating procedures for hot holding		
	TUC		Management awareness; poli	cy present			_	OUT	N/O N/A			ing time and temperatures		
IN (DUT		Proper use of reporting, restriction Good Hygienic					OUT OUT	N/O N/A N/A			holding temperatures holding temperatures		
IN C	OUT N/O)	Proper eating, tasting, drinking						N/O N/A	Proper	date	marking and disposition		
IN (OUT N/	0	No discharge from eyes, nose	and mouth			IN	OUT	N/O N/A	Time a		public health control (procedures /		
			Preventing Contamin	ation by Hands						record	5)	Consumer Advisory		
IN (OUT N/C)	Hands clean and properly was	shed			IN	OUT				advisory provided for raw or		
10.1	OUT N/	<u> </u>	No bare hand contact with rea	ady-to-eat foods or				undercook				ghly Susceptible Populations		
	approved alternate method pro						Poetouriz			I for the section of the section of				
IN C	accessible					IN	OUT	N/O N/A Pasteurized offered			I foods used, prohibited foods not			
IN (Approved Sou IN OUT Food obtained from approved s					INI	OUT	N/A	Food 6	additiv	Chemical ves: approved and properly used			
	Food received at prepar terms								Toxic		ances properly identified, stored and	d		
IN (. cou in good condition, care a								Co		mance with Approved Procedures			
IN C	IN OUT N/O N/A Required records available: shell destruction		nellstock tags, parasite			IN	IN OUT N/A Compliand			e with approved Specialized Process P plan	3			
Protection from Contam														
IN C	DUT	N/A	Food separated and protected				The letter to the left of each iter inspection.				em in	dicates that item's status at the time	or the	
IN (1 41 1						IN = in compliance				OUT = not in compliance N/O = not observed			
IN (N OUT N/O Proper disposition of returned, p reconditioned, and unsafe food					N/A = not applicable COS=Corrected On				ie	R=Repeat Item			
					ood re									
IN	OUT		Good Retail Practices are prev		ontrol the	e intro	duction	of path	hogens, ch	emicals,		physical objects into foods. er Use of Utensils	COS	R
	001	Paste	Safe Food and Water urized eggs used where required				+			In-use utensils: properly sto		rly stored	000	- 1
		Water	and ice from approved source								ent a	and linens: properly stored, dried,		
			Food Temperature Co	ontrol			1		handled Single-u		e-ser	vice articles: properly stored, used		
			ate equipment for temperature						Gloves	Gloves used properly				
			ved thawing methods used nometers provided and accurate	1					Food ar			Equipment and Vending ntact surfaces cleanable, properly		
		mom	·						designe	lesigned, constructed		d, and used		
			Food Identification	n					Warewa strips us		cilitie	s: installed, maintained, used; test		
		Food	properly labeled; original contain							Nonfood-contact surfaces clean				
		Insect	Prevention of Food Conta s, rodents, and animals not pre-				-		Hot and	l cold wa		nysical Facilities vailable; adequate pressure	-	
			mination prevented during food				1					roper backflow devices		
and display Personal cleanliness: clean outer clothi		hing hair rootraint			1		Source	and	eto:	ator properly disposed		-		
	Personal cleanliness: clean outer clothing fingernails and jewelry											ater properly disposed		
	Wiping cloths: properly used and stored								Toilet fa	oilet facilities: properly constructed, supplied, cleaned				
		Fruits and vegetables washed before use Garbage/refuse properly disposed; facilitie Physical facilities installed, maintained, and												
Pers	on in Ch	narge /T	itle:	1.10	1				, 5		Dat		1	
			lant I	over		1-	Jan-1	h'	1	10.11				N 1 -
ınspe	ector:	m	Variette I			lie	iebuo	ne No	. EPH	IS No.		ow-up: Yes ow-up Date:	ſ	No



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

COO	FSTARI	ISHMENT	INSPECTION	REPORT

PAGE 2 of

ESTABLISHMEN'	T NAME	ADDRESS		CITY/ZII	P		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. ir	n ° F
Code		PRIORITY	ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction/E IMMEDIATE ACTION within 7	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)	
Code		CORE IT	EMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or	structures, equipment design,	general maint pection or as	enance or sanitation stated.	(date)	
		EDUCATION PROV	IDED OR COMMENTS				
Person in Ch	narge /Title:	Notes			Date:		
Inspector:	Manufacil	, <u>_</u>	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S CO	DPY CANARY - EILE C	`OPV	i oliow-up Date.		F6 37Δ



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE ³ of

ESTABLISHMENT NAME		ADDRESS			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 RECEIV	PRIORITY elimination, prevention or reduction (FIMMEDIATE ACTION within 7)	n to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN 72	2 nours or as stated.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITI , operational controls, facilities or se es). These items are to be correct	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			TIDED OR COMMENTS					
		2200,(1101) 1100	ON OUNIVIEW					
Person in Ch	narge /Title:	ipper			Date:			
Inspector:	Many Title: Mathell of	7	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13) DISTRIBUTION: WHITE – OWNER'S COPY CANARY – FILE COPY E6.37A