

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	OUTINE	INSPE	TION THIS DAY, THE ITEMS N	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REG	ULATOR	Y AUTHORITY.			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED I ESTABLISHMENT NAME:			OWNER:	WAT ILL	JOLI	TIN OLDO, MICH OF TOOM TOOD OF					PERSON IN CHARGE:				
ADDRESS:				'	ESTABLISHMENT NUME					NUMBE	R: CC	UNTY:			
CITY/ZIP:				PHONE:			FAX	:		P.H. PRIORITY: H			М	L	
B R	ISHMENT AKERY ESTAUF		C. STORE CATE SCHOOL SENIC								VENDO	RS			
PURPO:	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPO			TER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results _									
	License	No	<u> </u>	PRIV		AND	WITE		TIONIO	Date	Sampleu		Result	.5	
Diele fe	-1			RISK FAC							-41 1	Danisantian an an		-4 :	
			oreparation practices and emplo eaks. Public health intervention								ntrol and i	Prevention as co	ontributing fa	ctors in	
Complia	nce		Demonstration of	•	COS	R	Со	mpliance	е	_		ally Hazardous		C	OS R
IN O	UT		Person in charge present, del and performs duties	monstrates knowledge,			IN	OUT	N/O N/A	N/A Proper cooking, time and temperature			rature		
INI -			Employee I				_		N/O N/A			procedures for			
	<u>UT</u> UT		Management awareness; poli Proper use of reporting, restri		-	-	_		N/O N/A			me and tempera			
			Good Hygienic	Practices				OUT	N/A	Proper	cold hold	ng temperature	S		
	UT N/O		Proper eating, tasting, drinkin No discharge from eyes, nose				IN	OUT	N/O N/A			king and disposi health control ()			
IN O	UT N/C)	3				IN	OUT	N/O N/A	records	s) .				
IN O	UT N/O		Preventing Contamin Hands clean and properly wa				IN	OUT	N/A		mer adviso	onsumer Adviso ory provided for			
IN 0	LIT NI/C		No bare hand contact with rea	ady-to-eat foods or			1			underc	ooked foo Highly S	d Susceptible Popi	ulations		
approved alternate method proper			operly followed		_				Deeter	,					
IN OUT Adequate handwashing facilities s accessible					IN	OUT	N/O N/A	offered		s used, prohibit	ed 100ds flot				
IN O	IIT		Approved S				INI	OUT	N/A	Food o	dditivoo: c	Chemical approved and pr	onorly upod		
IN OUT Food obtained from approved sou IN OUT N/O N/A Food received at proper temperat						OUT	IN/A			s properly identi		and			
IN O	i oda ili goda delilalidi, dale alia							Conformance with Approved Procedures Compliance with approved Specialized Process							
IN O	UT N/C	N/A	Required records available: s destruction	hellstock tags, parasite	1		IN	OUT	N/A		ance with ACCP plar		ialized Proce	ess	
			Protection from Co												•
IN O	UT	N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the inspection.			atus at the ti	ne of the				
IN O	UT	N/A	Food-contact surfaces cleane				IN = in compliance OUT = not in compliance								
IN o	UT N/C)	Proper disposition of returned reconditioned, and unsafe for						. = not appl S=Correcte			= not observed Repeat Item			
			reconditioned, and another rec		OOD RE	TAIL	PRACT					<u>'</u>			
	,		Good Retail Practices are prev				_	_	hogens, ch				foods.	COS	
IN	OUT	Paste	Safe Food and Wa urized eggs used where require		cos	R	IN	OUT	In-use i			er Use of Utensils rly stored			R
			and ice from approved source						Utensils	, equipm		ens: properly st	tored, dried,		
-			Food Temperature Co	ontrol			1		handled Single-		-service s	rticles: properly	stored user	1	
		Adequ	ate equipment for temperature	control						used prop	perly			1	
			ved thawing methods used						F	Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, proper			ng		
		Inerm	nometers provided and accurate)							od-contact ucted, and		abie, properi	/	
			Food Identificatio	n					Warewa		cilities: ins	talled, maintaine	ed, used; tes	t	
		Food	properly labeled; original contai				1				surfaces				
		Innoct	Prevention of Food Contamination						List and	Physical Facilities				-	
Insects, rodents, and animals not present Contamination prevented during food prepara and display Personal cleanliness: clean outer clothing, ha fingernails and jewelry Wiping cloths: properly used and stored					1			nd cold water available; adequate pressure ping installed; proper backflow devices							
					1										
							Sewage	age and wastewater properly disposed			u				
		ed								nstructed, supp					
Fruits and vegetables washed before use						1					sposed; facilitie maintained, and		1		
Perso	n in Ch	arge /T	itle:		İ	<u> </u>		1	i ilysica		Date:	aacu, all	. olouli		<u> </u>
			<u> Aauna lij</u>	Ulloms					1						
Insped	ctor:	M	launa U			Те	eepho	ne No	. EPH		Follow-u		Yes		No



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS	DRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° F			
Code		PRIORIT	YITEMS			Correct by	Initial		
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduc E IMMEDIATE ACTION within	72 hours or as stated.	rds associate	d with foodborne illness	(date)			
							$\mathcal{A}\omega$		
							$\mathcal{A}\omega$		
Code		CORE	ITEMS			Correct by	Initial		
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities of	or structures, equipment design,	general maint	enance or sanitation stated.	(date)			
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							$\mathcal{A}\omega$		
							$\mathcal{A}\omega$		
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							2w		
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		EDUCATION PRO	OVIDED OR COMMENTS						
Person in Ch	arge /Title:				Date:				
	<u> </u>	Williams	Tolombono No	EPHS No.		Yes	Nia		
Inspector:	Mount Honard		Telephone No.	LI 110 140.	Follow-up: Follow-up Date:	168	No		



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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° F		
Code		PRIOR	ITY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or red E IMMEDIATE ACTION with	uction to an acceptable level, haza in 72 hours or as stated.	rds associated	d with foodborne illness	(date)		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities	E ITEMS s or structures, equipment design, prrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
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		EDUCATION PF	ROVIDED OR COMMENTS					
Person in Ch	narge /Title:	· .			Date:			
Inspector:	<u> </u>	Dillomo	Telephone No.	EPHS No.	Follow-up:	Yes	No	
- p	Mlanin Honard		3.5		Follow-up Date:			