

## 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 NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	FING BY 1	HE REGULA	TORY AUTHORITY. F				
ESTABLISHMENT	OWNER:	THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD O DWNER:					PERSON IN CHARGE:					
ADDRESS:				ESTABLISHMENT NUMBER:				COUNTY:				
CITY/ZIP:	PHONE:	E: FAX:				P.H. PRIORITY :	Н	М	L			
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREI SCHOOL SENIOR		l Mer F.P.		GROCE	RY STOR		ISTITUTION EMP.FOOD	MOBILE V	ENDOR	S	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disa License No.	approved Not Applicable	EWAGE DISPOSA PUBLIC PRIVAT		TER S COMN			NON-COM Date Sam	IMUNITY npled	PRIVATE Results			
		RISK FACT										
	preparation practices and employee eaks. Public health interventions							and Prevention as contr	ributing facto	ors in		
Compliance	Compliance Demonstration of Kno		COS F	R     Compliance       IN     OUT     N/O     N/A			Potentially Hazardous Foods Proper cooking, time and temperature		COS	S R		
and performs duties Employee				IN (		N/O N/A		eating procedures for ho				
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction		+		IN OUT N/O N/A Proper cooling tir			ling time and temperatur holding temperatures	es			
IN OUT N/O	Good Hygienic Pra Proper eating, tasting, drinking o	ctices tobacco use		IN	OUT	N/A N/A N/O N/A	Proper cold Proper date	holding temperatures marking and disposition				
IN OUT N/O	No discharge from eyes, nose ar			IN	OUT I	N/O N/A	Time as a p records)	public health control (pro	cedures /			
IN OUT N/O	Preventing Contamination Hands clean and properly washe	Preventing Contamination by Hands clean and properly washed			OUT	N/A	Consumer undercooke	Consumer Advisory advisory provided for raw or ed food				
IN OUT N/O	No bare hand contact with ready-t							ghly Susceptible Popula	tions			
IN OUT	OUT Adequate handwashing facilities suppl accessible						Pasteurized offered	d foods used, prohibited	foods not			
	Approved Sour							Chemical				
IN OUT IN OUT N/O N/A							itives: approved and properly used stances properly identified, stored and		1			
				IN OUT used			used	onformance with Approved Procedures				
IN OUT N/O N/A	Required records available: shellstock tags parasite			IN OUT N/A Complian			ce with approved Specialized Process					
IN OUT N/A	Protection from Conta Food separated and protected	imination		The	letter to	o the left o	f each item in	dicates that item's statu	s at the time	of the		
IN OUT N/A				The letter to the left of each item indicates that item's status at the time of the inspection.								
IN OUT N/O	Proper dispecition of returned, proviously served			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
		GO	OD RETAIL					•				
IN OUT	Good Retail Practices are prevent		trol the intro	IN	of path OUT	ogens, ch		physical objects into foo per Use of Utensils	ds.	COS	R	
Paste	IN OUT Safe Food and Water Pasteurized eggs used where required Water and ice from approved source					In-use utensils: properly stored Utensils, equipment and linens: properly stored, drie handled			ed, dried,			
Adagu	Food Temperature Contr uate equipment for temperature cor						ise/single-ser	vice articles: properly sto	ored, used			
Appro	ved thawing methods used						Utensils, I	Equipment and Vending				
Therm	nometers provided and accurate						d nonfood-co	ontact surfaces cleanable d. and used	e, properly			
	Food Identification					Warewa strips us	ashing facilities: installed, maintained, used; test					
Food properly labeled; original container Prevention of Food Contamination				-		Nonfood	od-contact surfaces clean Physical Facilities					
Insects, rodents, and animals not present							and cold water available; adequate pressure bing installed; proper backflow devices					
Contamination prevented during food preparation, storage and display								•				
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Ū		ater properly disposed				
Wiping cloths: properly used and stored							ilet facilities: properly constructed, supplied, cleaned			[		
Fruits and vegetables washed before use							Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean					
Person in Charge /T	itle: Khali A	, <u> </u>					Dat	e:				
Inspector:		-	Te	elepho	ne No.	EPH		ow-up: ow-up Date:	Yes	١	No	
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## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

NIG CEN		SPECTION REPORT			PAGE 2 of		
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION				n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	PRIORITY I elimination, prevention or reduction E IMMEDIATE ACTION within 72	TEMS to an acceptable level, hazards hours or as stated.	associated with	foodborne illness	Correct by (date)	Initial
							#DA <sup>2</sup>
							HDA <sup>2</sup>
							$HDA^2$
							$HDA^2$
							$HDA^2$
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE , operational controls, facilities or st cs). These items are to be correct	ructures, equipment design, gen	eral maintenanc	ce or sanitation d.	Correct by (date)	Initial
							$HDA^2$
							$HDA^2$
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							HDA"
							$HDA^2$
							HDA <sup>2</sup> HDA <sup>2</sup>
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:	۲ <sub>5</sub>		Dat	e:		
Inspector:	Jull	<i>T</i>	Telephone No. EF	PHS No. Fol	low-up: low-up Date:	Yes	No
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ABCCCX					PAGE <sup>3</sup> of				
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							HDA <sup>2</sup> HDA <sup>2</sup> HDA <sup>2</sup> HDA <sup>2</sup> HDA <sup>2</sup> HDA <sup>2</sup> HDA <sup>2</sup>		
		EDUCATION PROVI	DED OR COMMENTS						
Person in Ch	arge /Title:	1 22		Da	te:				
Inspector:	in F Homans			Fo	llow-up: llow-up Date:	Yes	No		
MO 580-1814 (9-13)	$\checkmark$	DISTRIBUTION: WHITE - OWNER'S COP	CANARY – FILE COPY				E6.37A		

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