

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN TIME OUT
DATE PAGE 1 of X 3 mg

NEXT ROUTINE INSPECT	CTION, OR SUCH SHORTER PI FOR CORRECTIONS SPECIFI	ED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FA IOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGU IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OWNER:					GULA	ATORY AUTHORITY. FAILURE TO COMPLY					
ADDRESS:				EST	ABLIS	SHMENT	NUMB	ER:	COUNTY:				
CITY/ZIP:	PHONE:	FAX:				P.H. PRIORITY :	Н	М	L				
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER F.				GROCERY STORE INSTITUTION MOBILE VI 2. TAVERN TEMP.FOOD						VENDO	RS		
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other										
FROZEN DESSERT         SEWAGE DI           Approved         Disapproved         Not Applicable				COMMUNITY NON-CC				MMUNITY PRIVATE mpled Results					
		RISK FAC	TORS AND	INTE	RVEN	ITIONS							
foodborne illness outbre	preparation practices and employ eaks. Public health intervention	s are control measures	s to prevent f	oodbor	ne illne	ess or injur							
Compliance IN OUT	inowledge onstrates knowledge,	COS R					Potentially Hazardous Foods oking, time and temperature			OS I			
	ealth		IN		N/O N/A								
IN OUT IN OUT	Management awareness; polic Proper use of reporting, restrict		+						ing time and temperatu nolding temperatures	ires			
	Good Hygienic P	ractices		IN	IN OUT N/A Proper cold holding temperatures								
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose		+			<u>N/O</u> N/A			marking and disposition ublic health control (pro-				
IN OUT N/O	Preventing Contamina	tion by Handa		IN	001	N/O N/A	recor	ds)	_				
IN OUT N/O	Hands clean and properly wash			IN	OUT	N/A			Consumer Advisory advisory provided for ra d food				
IN OUT N/O	No bare hand contact with read approved alternate method pro								ighly Susceptible Populations				
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A Pasteurized foods used, prohibited foods no offered					l foods not				
Approved Source IN OUT Food obtained from approved source				IN OUT N/A Food additives: approved and properly used									
IN OUT N/O N/A Food received at proper temperature								ances properly identifie		nd			
IN OUT	T Food in good condition, safe and unadulterated			Conformance with Approved Procedures									
IN OUT N/O N/A	destruction			IN OUT N/A Compliance with approved Specialized Proces and HACCP plan				SS					
IN OUT N/A	Protection from Contamination			The	letter t	to the left o	f each i	tem in	dicates that item's stat	is at the tim	e of the		
				The letter to the left of each item indicates that item's status at the time of the inspection.									
IN OUT N/O	Proper disposition of returned, previously served,				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
	reconditioned, and unsafe food	GO	OD RETAIL	PRACT		S=Correcte	ed On S	lte	R=Repeat Item				
	Good Retail Practices are preve	ntative measures to cor	ntrol the intro	duction	of pat	hogens, ch	emicals			ods.	_		
IN OUT Paster	Safe Food and Wate urized eggs used where required	<i>"</i>	COS R	IN	OUT	In-use i	Itensils		er Use of Utensils		COS	R	
	and ice from approved source					Utensils	, equipi		nd linens: properly stor	red, dried,			
	ntrol		-		handled Single-u		le-ser	vice articles: properly s	tored, used				
Food Temperature Control Adequate equipment for temperature control Approved thawing methods used						Gloves	used pr	operly					
Appro Therm			+			nd nonfo	ood-co	Equipment and Vending ntact surfaces cleanab		-	+		
Food Identification				$\mathbf{T}$			ed, constructed, and used vashing facilities: installed, maintained, used; test						
Food properly labeled; original container							od-contact surfaces clean						
Prevention of Food Contamination Insects, rodents, and animals not present						Hot and	Physical Facilities Hot and cold water available; adequate pressure						
Contamination prevented during food preparation, storage and display				1			mbing installed; proper backflow devices						
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Sewage	age and wastewater properly disposed						
Wiping cloths: properly used and stored           Fruits and vegetables washed before use							et facilities: properly constructed, supplied, cleaned						
		ə <del>.</del>		Garbage/refuse properly disposed; facilities maintaine Physical facilities installed, maintained, and clean									
Person in Charge /T	itle: Juelt	_						Date	9:				
Inspector: Mhair Frick			Te	elepho	ne No	. EPH	IS No.		ow-up: ow-up Date:	Yes		No	
MO 580-1814 (9-13)	0	DISTRIBUTION: WHITE -	OWNER'S COP	Y		CANARY - F	ILE COPY		•			E6.37	



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F	FOOD ESTABLISHMENT INSPECTION REPORT					PAGE 2 of X3-m2			
ESTABLISHMENT NAME ADDRESS CITY /ZIP									
FO	DD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOC				۱°F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	PRIORITY I elimination, prevention or reductior /E IMMEDIATE ACTION within 72	TEMS n to an acceptable level, haza hours or as stated.	rds associated	with foodborne illness	Correct by (date)	Initial		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or s	tructures, equipment design,	general mainte	nance or sanitation	Correct by (date)	Initial		
	standard operating procedures (350r		ted by the next regular hisp						
		EDUCATION PROVI	DED OR COMMENTS						
Person in Ch	arge /Title:				Date:				
Inspector:	Mhin Fril		Telephone No.		Follow-up: Follow-up Date:	Yes	No		
MO 580-1814 (9-13)	0	DISTRIBUTION: WHITE - OWNER'S COP	CANARY – FILE C	OPY			E6.37A		



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F	OOD ESTABLISHMENT IN	ISPECTION REPORT			PAGE <sup>3</sup> of	X3-m	7
ESTABLISHMENT NAME ADDRESS CITY /ZIP							
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LC			TEMP. in ° F	
O a da			TENO			O arreat hu	lucitical.
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Code		CORE ITE	MS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOR	n, operational controls, facilities of s Ps). These items are to be correc	tructures, equipment design, g ted by the next regular insp	ection or as s	enance of sanitation stated.	(date)	
		EDUCATION PROV	DED OR COMMENTS				
Person in Ch	arge /Title:	eet t			Date:		
Inspector:	Mhin Fril		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	CANARY – FILE CO	OPY	·		E6.37A