

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPEWITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULE ESTABLISHMENT NAME: OWNER:						ECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY ILT IN CESSATION OF YOUR FOOD OPERATIONS. PERSON IN CHARGE:						_Y			
ADDRESS:					ESTABLISHMENT NUMBER:			ER:	: COUNTY:						
CITY/ZIP: PHONE:				FAX	-				P.H. PRIORITY :	Н	M	L	_		
ESTABLISHMENT T BAKERY	TYPE	C. STORE CATE	RER DE	1.1			SPACI	ERY STOR)E	INI	STITUTION	MOBILE V	/ENDO	200	
RESTAURA PURPOSE	ANT			MMER F.I	٥.		AVER		\L		MP.FOOD	WOBILL	LINDOR		
Pre-opening	9	Routine Follow-up	Complaint	Other											
FROZEN DESS Approved		approved Not Applicable	SEWAGE DISPOS				UPPL //UNIT		NON	COM	MUNITY	PRIVATE			
License N		pproved Not Applicable	PUBLI PRIV <i>A</i>		(JOIVIIV	/IUINI I	ī			pled	Results			
Licerise iv	NO		RISK FAC		ND	INTE	RVEN	TIONS							
		reparation practices and emplo	yee behaviors most cor	nmonly re	porte	ed to th	ne Cen	ters for Dis		ontrol a	and Prevention as con	tributing fact	ors in		
Compliance	outbre	eaks. Public health intervention of Demonstration of		cos to prev	ent fo		ne illne mplianc		y. T	Po	otentially Hazardous Fe	oods	CC)S	R
IN OUT		Person in charge present, der						N/O N/A	Prope		ing, time and tempera				
114 001		and performs duties Employee F	łealth		-			N/O N/A							
IN OUT		Management awareness; poli	cy present					N/O N/A	Prope			_			
IN OUT		Proper use of reporting, restri Good Hygienic						N/O N/A	N/A Proper hot holding temperatures						_
IN OUT N/O		Proper eating, tasting, drinkin					OUT	N/O N/A	N/A Proper cold holding temperatures N/O N/A Proper date marking and disposition					+	
IN OUT N/O		No discharge from eyes, nose	and mouth					N/O N/A	Time	as a p	ublic health control (pr				
		Preventing Contamin	ation by Hands		1		-		record	ds)	Consumer Advisory	,			
IN OUT N/O		Hands clean and properly was				IN	OUT	N/A	Consumer advisory provided for raw or				\neg		
		No bare hand contact with rea	dv-to-eat foods or		-		-		undercooked food Highly Susceptible Populations			ations		-	
IN OUT N/O		approved alternate method pr	operly followed												
IN OUT Adequate handwashing facilities supplied & accessible					IN (OUT	N/O N/A	опегеа			toods not				
Approved Source						OUT	N 1/A	Chemical Food additives: approved and properly used							
IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature			1		OUT	N/A			res: approved and propages. ances properly identifies		d				
IN 001 N/O N/A					IIN	OUT		used		,		_			
Required records available: shellstock tags, parasite				+	IN.	OUT				nance with Approved F with approved Specia		S			
IN OUT N/O N/A destruction					IIN	001	N/A and HACCP plan								
Protection from Contamination IN OUT N/A Food separated and protected					-	The	letter t	to the left o	of each it	tem ind	dicates that item's state	us at the time	e of the		
IN OUT N/A Food-separated and protected IN OUT N/A Food-contact surfaces cleaned & sanitized					insp	ection.	= in compli	anaa		OUT = not in complia	200				
IN OUT N/O Proper disposition of returned, previously served,					N/A = not applicable N/O = not observed										
114 001 10/0		reconditioned, and unsafe foo		OOD RET	VII L			S=Correcte	ed On Si	ite	R=Repeat Item				
		Good Retail Practices are prev						hogens, ch	nemicals	, and p	ohysical objects into fo	ods.			_
IN OUT		Safe Food and Wa		COS	R	IN	OUT				er Use of Utensils		COS	R	
		urized eggs used where require and ice from approved source	d								rly stored nd linens: properly stor	red dried	+		
	TTUIO							handled	1						
	ΔΑραιι	Food Temperature Co ate equipment for temperature							use/singlused pro		vice articles: properly s	tored, used	┿	-	
		ved thawing methods used	CONTO					Gioves			quipment and Vending	9		+	_
	Therm	ometers provided and accurate									ntact surfaces cleanab	le, properly			
	Food Identification						Warewa	ed, constructed, and used ashing facilities: installed, maintained, used; test			+				
	Food p	ood properly labeled; original container						Strips us Nonfoo	sed d-contact surfaces clean			+			
		Prevention of Food Contamination							Physical Facilities						
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage								nd cold water available; adequate pressure bing installed; proper backflow devices				+		
	and display Personal cleanliness: clean outer clothing, hair restraint,							Sewage	wage and wastewater properly disposed						
		nails and jewelry g cloths: properly used and stor	ed	+		1		Toilet fa	acilities:	proper	ly constructed, supplie	d, cleaned	+-		
		and vegetables washed before						Garbag	e/refuse	prope	erly disposed; facilities	maintained	1		_
Person in Char	rne /Ti	itle: 7° 10 /						Physica	ıl facilitie	s insta Date	alled, maintained, and	clean	—		_
i cison in Chal	90 / I	ISU HOW													
Inspector: Kath	hpr	Peceul payla Bri	ndy		Tel	lepho	ne No	. EPH	IS No.		ow-up: ow-up Date:	Yes		No	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

FOOD	FSTARI	ISHMENT	INSPECTIO	N REPORT
OOD	LOIADL		INSELUTIO	

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ESTABLISHMENT NAME		ADDRESS		CITY/ZI	CITY/ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/			TION	TEMP. ir	n°F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEN	PRIORITY I' elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial		
							te		
							te		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE n, operational controls, facilities or s Ps). These items are to be correc	tructures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
							te		
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							te		
		EDUCATION PROVI	DED OR COMMENTS				L		
Person in Ch	narge /Title: Jai Edu				Date:				
Inspector:		a Brady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		



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Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities	ITEMS or structures, equipment design, rected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
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							1_	
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		EDITO ATION PRO	OVIDED OR COMMENTS					
		EDUCATION PRO	OVIDED OR COMMENTS					
Person in Ch	arge /Title: $\frac{1}{2a}$				Date:			
Inspector:	narge Mitte: Jan Eden W Peccust payla Brady	,	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	