

## 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	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	HE REC	GULA	ILITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED II ESTABLISHMENT NAME:				OWNER:					01(100	<i>I</i> D 01	PERSON IN CHARGE:			
ADDRESS:					ESTABLISHME				HMENT	NUMBER: COUNTY:				
CITY/ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER					DELI NTER SUMMER F.P.				RY STOR	lΕ		ISTITUTION MOBILE '	/ENDOF	RS
PURPO:	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable				PUBL	. 022.0					NON-COMMUNITY PRIVATE Date Sampled Results				
	License	No		PRIVA RISK FAC		AND	INITE	D\/ENI	TIONS	Duto	Cuii			
Risk fa	ctors a	e food r	renaration practices and employ							ease Co	ntrol	and Prevention as contributing fac	ors in	
foodbo	rne illnes		eaks. Public health intervention	ns are control measur	es to pre	vent f	oodbor	ne illne	ss or injury					
Complia	nce		Demonstration of I Person in charge present, dem		cos	R	+	mpliance		Prope		otentially Hazardous Foods	CC	DS R
IN O	UT		and performs duties	•				N OUT IN/O IN/A			Proper cooking, time and temperature			
IN O	UT		Employee H Management awareness; police				IN IN		N/O N/A			eating procedures for hot holding ing time and temperatures		
	UT		Proper use of reporting, restrict	tion and exclusion			_		N/O N/A			holding temperatures		
IN O	UT N/C		Good Hygienic F Proper eating, tasting, drinking					OUT	N/A			holding temperatures marking and disposition		
	UT N/C		No discharge from eyes, nose						N/O N/A N/O N/A			public health control (procedures /		
IIV 0	01 14/0	,	Proventing Contaming	ation by Hands			IIN	001	IN/O IN/A	record	s)	Consumer Advisory		
IN O	Preventing Contaminatio  IN OUT N/O Hands clean and properly washe						IN	OUT	N/A			advisory provided for raw or		
IN O	UT N/C	)	No bare hand contact with rea									ghly Susceptible Populations		
approved alter			Adequate handwashing facilitie	ernate method properly followed ndwashing facilities supplied &								foods used, prohibited foods not		
accessible Approved Sour				ource			1			offered	J .	Chemical		
IN OUT			Food obtained from approved source				IN	OUT	N/A			ves: approved and properly used		
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT			Toxic substances properly identified, stored and used				
IN OUT			Food in good condition, safe and unadulterated  Required records available: shellstock tags, parasite									mance with Approved Procedures		
IN OUT N/O N/A Required records available destruction		destruction					IN OUT N/A		Compliance with approved Specialized Proces and HACCP plan			iS		
Protection from Contamination							The letter to the left of each item						6 41	
	UT	N/A	Food separated and protected		inspection.					t each it	em in	dicates that item's status at the tim	e of the	
114 OO1 14/A		Food-contact surfaces cleaned				IN = in compliance N/A = not applicable					OUT = not in compliance N/O = not observed			
IN O			Proper disposition of returned, previously served, reconditioned, and unsafe food				COS=Corrected On Site				te	R=Repeat Item		
					OOD RE	TAIL	PRACT	ΓICES						
IN	OUT		Good Retail Practices are preve		ontrol the	e introd R	duction	of path	nogens, ch	emicals,			COS	R
Paste		Safe Food and Water Pasteurized eggs used where required			003	11	†	001	In-use u	Proper Use of Utensils e utensils: properly stored				- 1
		Water	and ice from approved source						Utensils handled		nent a	and linens: properly stored, dried,		
			Food Temperature Co	ntrol			1			ied e-use/single-service articles: properly stored				
			ate equipment for temperature of	control						used pro	perly			
			ved thawing methods used cometers provided and accurate				1					Equipment and Vending ontact surfaces cleanable, properly		
			•						designe	d, const	d, constructed, and used			
			Food Identification						strips us	sed		s: installed, maintained, used; test		
-		Food	oroperly labeled; original contain Prevention of Food Contain				-		Nonfood	lonfood-contact sur		aces clean nysical Facilities		
			s, rodents, and animals not pres	ent	_						ter a	vailable; adequate pressure		
		and di							Plumbin	ing installed; proper backflow devices				
	Personal cleanliness: clean outer clothing fingernails and jewelry			ning, hair restraint,					Sewage	ge and wastewater properly disposed				
Wiping cloths: properly used and stored								Toilet fa	cilities: p	orope	rly constructed, supplied, cleaned			
Fruits and vegetables washed		and vegetables washed before i	use			1-			rbage/refuse properly disposed; facilities my sical facilities installed, maintained, and cle			-		
Perso	n in Ch	arge /T	itle: (\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	•			-	<u> </u>	Filysica	i iaciiille	Dat		<u>l</u>	
Inone	otor:		<u> Weller</u>	<u>u</u> ~		Iτς	lanha	ne No.	בחיי	C NIC	Eall	OW LID: Voc		No
Inspector: Mlanie Fil						l'e	i <del>c</del> hi io	iie INO.	EPH	S No.		ow-up: Yes ow-up Date:		No



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

## FOOD ESTABLISHMENT INSPECTION REPORT

PAGE	2	of	

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction / E IMMEDIATE ACTION within 72	ITEMS on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
							-04.5	
							6010	
							DSVS	
							0010	
							<b>DS</b> IB	
Code Reference	Core items relate to general sanitation	CORE IT, operational controls, facilities or	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOF	S). These items are to be correct	cted by the next regular insp	ection or as	stated.		000	
							<b>DU</b>	
		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	arge /Title:	Ban			Date:			
Inspector:	Mlanif Zil	~ WW ~	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	