

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	ROUTINE	INSPE	CTION, OR SUCH SH	IORTER PER	IOD OF TIME AS	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REGUL	CILITIES WHICH MUST BE CORRECT LATORY AUTHORITY. FAILURE TO			
-			O IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:					JN OF YO	UR FOOD (PERSON IN CHARGE:					
ADDRESS:							ESTABLISHMENT NUM				NUMBER	: COUNTY:			
CITY/ZIP: PHON					PHONE:	F			FAX:			P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DEL RESTAURANT SCHOOL SENIOR CENTER SUM					ELI JMMER I	F.P.						ENDOR	kS		
PURPC	OSE Pre-oper	ing	Routine	Follow-up	Complaint	Oth	ner								
FROZEN DESSERT Approved Disapproved Not Applicable SEWAGE DISPO PUBL							TER S COMN								
	Licens	e No			PRIV						Date Sa	impled Results			
			•		RISK FA										
			oreparation practices a eaks. Public health ir									ol and Prevention as contributing factor	ors in		
Complia		33 Outbro		stration of Kno		COS			mplianc		y.	Potentially Hazardous Foods	CO	S R	
IN C	DUT		Person in charge pro		strates knowledge	,		IN	IN OUT N/O N		Proper co	ooking, time and temperature			
	-		and performs duties	mployee Heal	th					N/O N/A	Proper re	eheating procedures for hot holding		_	
IN (DUT		Management aware	ness; policy p	resent			_		N/O N/A	Proper co	poling time and temperatures			
IN C	DUT		Proper use of report							N/O N/A		ot holding temperatures			
IN C	OUT N/O)	Proper eating, tasting	Hygienic Pra					OUT	N/A N/O N/A		old holding temperatures ate marking and disposition		_	
IN C	DUT N/	2	No discharge from e						OUT		Time as a	a public health control (procedures /			
			Preventing	Contamination	n hy Hands			1111	001	14/0 14/74	records)	Consumer Advisory			
IN C	DUT N/0	`	Hands clean and pro					INI	OUT	N/A	Consume	er advisory provided for raw or		_	
IIN C	JU1 14/0	,	No have based assets	-4	t			IIN	001	IN/A	undercoo		_		
IN C	OUT N/)	No bare hand conta approved alternate r						nig			Highly Susceptible Populations			
IN C	Adaguata bandurashing facilities							IN	OUT	N/O N/A	Pasteuriz offered	red foods used, prohibited foods not			
IN C	Approved Source N OUT Food obtained from approved source						IN OUT N/A Food add			Food odd	Chemical				
	Food received at prepar tempore											litives: approved and properly used ostances properly identified, stored and	i	+	
IN C	IN OUT Food in good condition, safe an									Confo					
IN C	IN OUT N/O N/A Required records available: shellsto destruction				•		IN OUT N/A Compliance with approved Spand HACCP plan			ice with approved Specialized Process CP plan	i				
INI C	DUT	NI/A	Food separated and	n from Conta	ammadon			The	letter t	n the left o	ft of each item indicates that item's status at the time of the				
		N/A	Food-contact surfac		canitized	anitizad			inspection.						
IN C	DUT	N/A								in complia	pliance OUT = not in compliance pplicable N/O = not observed				
IN (OUT N/)	Proper disposition o reconditioned, and u					COS=Correct							
						SOOD RE	ETAIL	PRACT	ΓICES						
					tive measures to			_	_	hogens, ch		nd physical objects into foods.			
IN	OUT	Pactor		Safe Food and Water ized eggs used where required		COS	R	IN	OUT	In uso i		oper Use of Utensils perly stored	cos	R	
	1		and ice from approve				†	1				t and linens: properly stored, dried,		+	
										handled				_	
	1	Adea	Food Tempe ate equipment for ten	erature Contro	trol		1				use/single-s used prope	ervice articles: properly stored, used rlv		+-	
			ved thawing methods							0.0100		s, Equipment and Vending			
		Therm	nometers provided and	d accurate								contact surfaces cleanable, properly ted, and used			
	+		Food Ide	entification								ties: installed, maintained, used; test		+	
						ļ			strips us	sed					
		Food	properly labeled; origin Prevention of Fo	ation					Nontoo		urfaces clean Physical Facilities		+		
		Insect	Prevention of Food Contamination Insects, rodents, and animals not present Contamination prevented during food preparation, storage					1			cold water	available; adequate pressure		土	
												proper backflow devices			
	and display Personal cleanliness: clean outer clothing, hair restraint,				1	-		Sewage	and waster	water properly disposed		+			
	fingernails and jewelry														
	Wiping cloths: properly used and stored				-	-			cilities: prop		+				
	Fruits and vegetables washed before use				 	1				operly disposed; facilities maintained astalled, maintained, and clean		+			
Perso	on in Ch	arge /T	itle: Dinas	h S. Kae	mpLe							ate:			
Inspe	ector:		itle: Dinas		# ~		Te	elepho	ne No	. EPH		ollow-up: Yes	1	No	



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
						<u> </u>		
Code		PRIORITY	ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction of reduction of the control o	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
Code		CORE IT	EMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOF	i, operational controls, facilities or es). These items are to be corre	structures, equipment design, cted by the next regular insp	general maint pection or as	enance or sanitation stated.	(date)	0	
							Jek .	
							John	
							a . O.	
							Jek	
							Wh	
		EDITO ATTOM DROV	/IDED OR COMMENTS					
		LDUCATION FROM	ADED ON COMMENTS					
Person in Ch	arge /Title:	Kalmala			Date:			
Inspector:	1-N 1	, i willing	Telephone No.	EPHS No.	Follow-up:	Yes	No	
	Mlanie & Lil	•	·		Follow-up Date:			



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

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORI elimination, prevention or redu /E IMMEDIATE ACTION withi	TY ITEMS ction to an acceptable level, haza n 72 hours or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items moot receive	A THINKE DIATE ACTION WILLIE	TI TE HOURS OF AS STATEM.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities	E ITEMS or structures, equipment design, rrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							,OSK	
							, Odk	
							iOSK	
		EDUCATION PR	OVIDED OR COMMENTS					
Person in Ch	narge /Title:	Karmelo			Date:			
Inspector:	Mlanif Lil	, "TT	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	