

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	ROU	TINE II	NSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS	MAY BE	SPEC	IFIED	N WRI	TING BY 1	THE REGULA	ILITIES WHICH MUST BE CORR ATORY AUTHORITY. FAILURE T			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN TH ESTABLISHMENT NAME: OW					OWNER:	CE MAY RESULT IN CESSATION OF YOUR FOOD O				IN OF YO	PERSON IN CHARGE:				
ADI	ADDRESS:							ESTABLISHMENT NUMBER			NUMBER:	COUNTY:			
CIT	Y/ZIP	<u>:</u>			PHONE:	PHONE:			FAX:			P.H. PRIORITY : H	М	L	
	BAK RES	IMENT ERY TAUR/		C. STORE CATER SCHOOL SENIO		Eli Immer	F.P.		GROCE	RY STOR		NSTITUTION MOBILE EMP.FOOD	VENDOF	RS	
PURI	POSE Pre-o	openin	9	Routine Follow-up	Complaint	Oth	ner								
	pprov	I DES ed cense N	Disa	approved Not Applicable	SEWAGE DISPO PUBL PRIV	IC			UPPLY /UNIT		NON-COM Date Sam		ТЕ s		
					RISK FA	CTORS	S AND	INTE	RVEN	TIONS					
				preparation practices and employ eaks. Public health interventio								and Prevention as contributing fa	ctors in		
Com	Compliance			Demonstration of Knowledge COS R Compliance			F	Potentially Hazardous Foods Proper cooking, time and temperature							
IN	IN OUT			and performs duties Employee H	Palth	_				N/O N/A					
IN	OUT			Management awareness; polic	y present			IN	OUT I	N/O N/A Proper cooling time and temperatures					
IN	OUT			Proper use of reporting, restric Good Hygienic F		_		_	OUT OUT	N/O N/A Proper hot holding temperatures N/A Proper cold holding temperatures					
IN	OUT	N/O		Proper eating, tasting, drinking	g, tasting, drinking or tobacco use			IN OUT N/O N/A Prop			Proper date	e marking and disposition			
IN	OUT	N/O		No discharge from eyes, nose and mouth				IN OUT N/O I		N/O N/A	records)	public health control (procedures /			
				Preventing Contamina Hands clean and properly was							Consumer	Consumer Advisory advisory provided for raw or			
	IN OUT N/O							undercooked for			undercooke		_		
IN	IN OUT N/O			No bare hand contact with ready-to-eat foods or approved alternate method properly followed											
IN	IN OUT			Adequate handwashing facilities supplied & accessible					IN OUT N/O N/A		Pasteurized foods used, prohibited foods not offered				
IN	OUT			Approved So				INI	OUT	N1/A	Food additi	Chemical ives: approved and properly used			
		N/O	N/A	Food obtained from approved Food received at proper tempe						N/A	Toxic subst	tances properly identified, stored a	ind		
	OUT	-		Food in good condition, safe a	nd unadulterated						used Confor	mance with Approved Procedures			
IN			N/A	Required records available: sh		•		IN OUT N/A Complian and HAC			Compliance	e with approved Specialized Proce			
				destruction Protection from Co	ntamination							P pian			
IN	IN OUT N/A Food separated and protected			The letter to the left of each item inspection.			f each item in	ndicates that item's status at the tir	ne of the						
IN	IN OUT N/A Food-contact surfaces cleaned & san				IN = in compliance					OUT = not in compliance					
IN	IN OUT N/O Proper disposition of returned, previously server reconditioned, and unsafe food				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item										
					G	OOD R				÷					
IN	0	UT		Good Retail Practices are preve Safe Food and Wat		control th	ie intro R	duction IN	of path OUT	iogens, ch		physical objects into foods. Der Use of Utensils	COS	R	
				urized eggs used where required							itensils: prope	erly stored			
			Water	and ice from approved source						Utensils		and linens: properly stored, dried,			
			Adogu	Food Temperature Co late equipment for temperature of	ntrol						use/single-ser	vice articles: properly stored, used	ł		
				ved thawing methods used	ontroi						Utensils, I	Equipment and Vending			
			Therm	Food Identification							Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				
							1	1			ashing facilitie	es: installed, maintained, used; tes	t		
			Food I	properly labeled; original contain							d-contact surf				
				Prevention of Food Contamination s, rodents, and animals not present						Hot and		hysical Facilities vailable; adequate pressure			
	Contam and disp Persona fingerna Wiping o			mination prevented during food preparation, storage						Plumbing installed; proper backflow devices					
				nal cleanliness: clean outer clothing, hair restraint,			1			Sewage and wastewater properly disposed					
L				nails and jewelry g cloths: properly used and stored						Toilet facilities: properly constructed, supplied, cleaned					
				and vegetables washed before				-		Garbage	e/refuse prop	erly disposed; facilities maintained talled, maintained, and clean		-	
Per	son ir	n Chai	rge /T	ïtle: Ω		1	1	1	1	Filysica	Dat				
Inst	pecto	r: /		ý.			Te	elepho	ne No.	EPH	IS No. Fol	low-up: Yes		No	
Ý	Mane 80-1814	17.7	lonaa	<u> </u>				•		CANARY – F	Fol	low-up Date:			
WO 5	00-1814	Na-19)			DISTRIBUTION: WHIT		л 5 UUP	I		JANARY - F	ILE COPY			E6.37	



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

FOOD ESTABLISHMENT INSPECTION REPORT							of			
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP						
FO	DD PRODUCT/LOCATION	TEMP. in ° F	T/ LOCATION		TEMP. in ° F					
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	PRIORITY IT elimination, prevention or reduction /E IMMEDIATE ACTION within 72	EMS to an acceptable level, hazards hours or as stated.	s associated with foodborn	ne illness	Correct by (date)	Initial			
							75F			
							X.			
							701-			
							75F			
							15F-			
							/ -			
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE n, operational controls, facilities or st Ps). These items are to be correct	ructures, equipment design, ge	neral maintenance or san tion or as stated.	itation	Correct by (date)	Initial			
							75F			
							75F			
							K			
							131-			
							75F			
			DED OR COMMENTS							
Person in Ch	arge /Title:			Date:						
Inspector:	A LAND		Telephone No.	PHS No. Follow-up:		Yes	No			
Mo 580-1817 (9-13)	tonaas AMMAGA	DETRIBUTION: WHITE - OWNER'S COPY		Follow-up I	Date:		E6.37A			



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

•	NSPECTION REPORT		PAGE 3	of		
ABLISHMENT NAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	T/ LOCATION	TEMP. i	TEMP. in ° F	
Code	PRIORITY II	TEMS		Correct by	Ini	
eference Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction	to an acceptable level, hazard hours or as stated.	s associated with foodborne ill	ness (date)		
Code	CORE ITE	MS		Correct by	Ini	
Erence Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or st	tructures, equipment design, ge	neral maintenance or sanitatio	n (date)		
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	EDUCATION PROVI	DED OR COMMENTS			Т Т- Т-	
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son in Charge /Title: //	EDUCATION PROVI	DED OR COMMENTS	Date:		Γ. Γ-	
son in Charge /Title:	EDUCATION PROVI		Date: EPHS No. Follow-up:	Yes	T- T-	