

## 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 SHORTE   | R PERIOD OF TIME AS    | MAY BE  | SPEC  | IFIED  | IN WR                                      | TING BY 1  | THE REG   | SULA"  | LITIES WHICH MUST BE CORRI<br>FORY AUTHORITY. FAILURE TO            |           |      |  |
|---|--|--|---|------------------------|---|-------|--|--|--|---|--|---|-----------|------|--|
| ESTABLISHMENT NAME:   |  |  |   | OWNER:                 | IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR OWNER: |       |  |  |  |   | <i>D</i> 01                                      | PERSON IN CHARGE:   |           |      |  |
| ADDRESS:  |  |  |   | 1                      | ESTABLISHMENT   |       |  |  |  | NUMBE   | R:   | COUNTY:   |           |      |  |
| CITY/ZIP:   |  |  |   | PHONE:                 | PHONE:  |       |  | FAX:                                       |  |   |  | P.H. PRIORITY: H  | М         | L    |  |
| B<br>R  | ISHMEN <sup>*</sup><br>AKERY<br>ESTAUI   |  |   |                        | ELI<br>IMMER I  | F.P.  |  | GROCI<br>AVER                              | ERY STOR   | RE  | INSTITUTION MOBILE VENDORS TEMP.FOOD             |   |           |      |  |
| PURPO:  | SE<br>re-openi   | ng   | Routine Follow-   | -up Complaint          | Oth   | ner   |  |  |  |   |  |   |           |      |  |
| _   | EN DE:   |  | approved Not Applicable   | SEWAGE DISPO<br>PUBL   |   |       |  |  |  | NON-COMMUNITY PRIVATE Date Sampled Results          |  |   |           |      |  |
|   | License  | No   |   | PRIV                   |   | =     |  |  |  | Date  | Salli  | Died Result   |           |      |  |
| Di L  |  |  |   | RISK FA                |   |       |  |  |  |   |  | A December 12 Process   |           |      |  |
|   |  |  | reparation practices and em<br>eaks. <b>Public health interver</b>                                    |                        |   |       |  |  |  |   | ntrol a  | and Prevention as contributing fac                                  | ctors in  |      |  |
| Complia   | nce  |  | Demonstration   |                        | COS   |       |  | R Compliance                               |  |   |  | tentially Hazardous Foods   | CC        | DS R |  |
| IN O  | UT   |  | Person in charge present, and performs duties   | demonstrates knowledge |   |       | IN OUT   |  | N/O N/A  | Proper cooking, time and temperature                |  |   |           |      |  |
|   |  |  | Employe   |                        |   |       | _  |  | N/O N/A  |   |  | eating procedures for hot holding                                   |           |      |  |
|   | <u>UT</u><br>UT  |  | Management awareness; p Proper use of reporting, res  |                        |   |       | _  |  | N/O N/A  |   |  | ng time and temperatures olding temperatures                        |           |      |  |
|   |  |  | Good Hygier   |                        |   |       |  | OUT  | N/A  |   |  | holding temperatures  |           |      |  |
|   | UT N/C   |  | Proper eating, tasting, drink<br>No discharge from eyes, no   |                        |   |       | IN   | OUT  | N/O N/A  |   |  | marking and disposition   |           |      |  |
| IN O  | UT N/C   | )  | <u> </u>  |                        |   |       | IN   | OUT  | N/O N/A  | records   |  | ublic health control (procedures /                                  |           |      |  |
| IN O  | UT N/O   | 1  | Preventing Contar<br>Hands clean and properly   |                        |   |       | IN   | OUT  | N/A  |   |  | Consumer Advisory dvisory provided for raw or                       |           |      |  |
| IN O  | UT N/C   | )  | No bare hand contact with   | ready-to-eat foods or  |   |       | 1  | undercook                                  |  |   |  | hly Susceptible Populations   |           |      |  |
|   | UT   |  | approved alternate method Adequate handwashing fac  |                        |   |       |  | N OUT N/O N/A Pasteurize                   |  |   | ırized   | foods used, prohibited foods not                                    |           |      |  |
| IN O  | U 1  |  | accessible  |                        |   |       | IN   | OUT  | N/O N/A  | offered   |  | Chemical  | _         |      |  |
|   |  |  | Approved Food obtained from approv  |                        |   |       |  | IN OUT N/A                                 |  |   |  |   |           |      |  |
| IN OUT N/O N/A Foo  |  | O N/A  | Food received at proper temperature   |                        |   |       |  |  |  | Toxic s<br>used                                     | substa   | ances properly identified, stored a                                 | nd        |      |  |
| IN O  |  |  | Food in good condition, safe and unadulterated  Required records available: shellstock tags, parasite |                        |   |       |  |  | Conformance with Approved Procedures  Compliance with approved Specialized Process |   |  | 00  |           |      |  |
| IN O  | UT N/C   | N/A  | destruction   |                        | ·   |       | IN   | OUT  | N/A  | and HA  |  |   | 55        |      |  |
|   |  |  | Protection from   |                        |   |       |  | 1-444                                      |  | £ l- '4 -   |  |   | 41        |      |  |
| IN O  |  | N/A  | Food separated and protect  |                        |   |       |  | e letter i<br>ection.                      |  | t each ite  | em ind   | dicates that item's status at the tin                               | ne of the |      |  |
| IN O  | UT   | N/A  | Food-contact surfaces clea  |                        |   |       |  | IN = in compliance<br>N/A = not applicable |  |   |  | OUT = not in compliance   |           |      |  |
| IN o  | UT N/C   | )  | Proper disposition of return reconditioned, and unsafe  |                        |   |       | COS=Correct                                      |  |  |   | е  | N/O = not observed<br>R=Repeat Item                                 |           |      |  |
|   |  |  | ,   |                        | OOD RE  | ETAIL | PRAC <sup>1</sup>                                | TICES                                      |  |   |  |   |           |      |  |
|   | OUT  |  | Good Retail Practices are pr  |                        |   |       | _  |  | hogens, ch   |   | _  | <u> </u>  | cos       |      |  |
| IN  | OUT  | Safe Food and Wa Pasteurized eggs used where require |   |                        | cos   | R     | IN   | OUT  | In-use i   | Proper Use of Utensils se utensils: properly stored |  |   |           | R    |  |
|   |  |  | and ice from approved source  |                        |   |       |  |  | Utensils   | Jtensils, equipment a                               |  | nd linens: properly stored, dried,                                  |           |      |  |
| -   |  |  | Food Temperature  | Control                |   |       | 1  |  | handled<br>Single-   |   | -serv  | ice articles: properly stored, used                                 |           |      |  |
|   | Adequate equipment for te Approved thawing methods Thermometers provided an                |  | ate equipment for temperatu   | re control             |   |       | 1  |  |  | used pro  | perly  |   |           |      |  |
|   |  |  |   | -1-                    |   |       |  |  |  | Utens   | sils, E  | quipment and Vending  |           |      |  |
|   |  |  | iometers provided and accur   | ate                    |   |       |  |  |  |   |  | ntact surfaces cleanable, properly<br>, and used                    |           |      |  |
|   |  |  | Food Identifica   | tion                   |   |       |  |  |  | shing fac   |  | : installed, maintained, used; test                                 |           |      |  |
|   | Food properly labeled; original container  |  |   |                        |   |       |  |  |  |   | ces clean  |   |           |      |  |
|   |  | Innoct   | Prevention of Food Co   |                        |   |       |  |  | Listand  |   |  | ysical Facilities   |           |      |  |
| <b>-</b>  | Insects, rodents, and animals not present  Contamination prevented during food preparation |  |   |                        | 1   | 1     | <del>                                     </del> |  |  |   | ailable; adequate pressure oper backflow devices | +   |           |      |  |
| and display  Personal cleanliness: clean outer clothing, hai fingernails and jewelry  Wiping cloths: properly used and stored |  |  |   |                        | 1   |       |  |  |  |   |  |   |           |      |  |
|   |  |  |   |                        |   |       | Sewage   | ge and wastewater properly disposed        |  | ter property disposed                               |  |   |           |      |  |
|   |  | tored  |   |                        |   |       |  |  |  | ly constructed, supplied, cleaned                   |  |   |           |      |  |
| -   | Fruits and vegetables washed before use  |  |   | ore use                |   |       | 1  |  |  |   |  | rly disposed; facilities maintained<br>illed, maintained, and clean | +         | -    |  |
| Perso   | n in Ch  | arge /T  | itle: ()  | A                      | 1   |       |  | 1  | i iiyalda  |   | Date   |   |           |      |  |
|   |  |  | - Jana X  | My                     |   |       |  |  | 1  |   |  | .,  |           |      |  |
| Insped  | ctor:  |  | 1/ F Flone  | al)                    |   | Ile   | iepno  | ne No                                      | .   EPH  |   |  | ow-up: Yes<br>ow-up Date:   |           | No   |  |



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| ESTABLISHMEN      | T NAME   | ADDRESS  |  | CITY/ZIF       | CITY/ZIP                      |                   |                      |  |
|-------------------|--|--|--|----------------|-------------------------------|-------------------|----------------------|--|
| FO                | OD PRODUCT/LOCATION  | TEMP. in ° F   | FOOD PRODU   | CT/ LOCAT      | ION                           | TEMP. in ° F      |                      |  |
|                   |  |  |  |                |                               |                   |                      |  |
|                   |  |  |  |                |                               |                   |                      |  |
|                   |  |  |  |                |                               |                   |                      |  |
| Code              |  | BBIODI   | TY ITEMS   |                |                               | Correct by        | Initial              |  |
| Reference         | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or redu<br>E IMMEDIATE ACTION within | iction to an acceptable level, haza<br>n 72 hours or as stated.  | rds associated | d with foodborne illness      | (date)            | IIIIIIai             |  |
|                   |  |  |  |                |                               |                   |                      |  |
| Code<br>Reference | Core items relate to general sanitation                                      | , operational controls, facilities                           | E ITEMS<br>or structures, equipment design, q  | general maint  | enance or sanitation          | Correct by (date) | Initial              |  |
|                   | standard operating procedures (SSOP  | s). These items are to be co                                 | rrected by the next regular insp   | ection or as   | stated.                       |                   |                      |  |
|                   |  |  |  |                |                               |                   |                      |  |
|                   |  |  |  |                |                               |                   |                      |  |
|                   |  |  |  |                |                               |                   | $\Delta \mathcal{D}$ |  |
|                   |  |  |  |                |                               |                   |                      |  |
|                   |  |  |  |                |                               |                   |                      |  |
|                   |  |  |  |                |                               |                   |                      |  |
|                   |  | FDLICATION PR  | OVIDED OR COMMENTS   |                |                               |                   |                      |  |
|                   |  |  | THE STATE OF THE S |                |                               |                   |                      |  |
| Person in Ch      | narge /Title:  |  |  |                | Date:                         |                   |                      |  |
| Inspector:        | Malan F Floran   | <u>~</u><br>P  | Telephone No.  | EPHS No.       | Follow-up:<br>Follow-up Date: | Yes               | No                   |  |



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| ESTABLISHMEN <sup>®</sup> | TNAME  | ADDRESS  |  | CITY/ZII      | CITY/ZIP                      |                   |         |  |  |
|---------------------------|--|--|--|---------------|-------------------------------|-------------------|---------|--|--|
| FOO                       | OD PRODUCT/LOCATION  | TEMP. in ° F   | FOOD PRODU   | ICT/ LOCAT    | TION                          | TEMP. in ° F      |         |  |  |
|                           |  |  |  |               |                               |                   |         |  |  |
|                           |  |  |  |               |                               |                   |         |  |  |
|                           |  |  |  |               |                               |                   |         |  |  |
|                           |  |  |  |               |                               |                   |         |  |  |
| Code<br>Reference         | Priority items contribute directly to the or injury. These items MUST RECEIVE  | PRIO<br>elimination, prevention or r<br>E IMMEDIATE ACTION w | ORITY ITEMS eduction to an acceptable level, haza ithin 72 hours or as stated. | rds associate | d with foodborne illness      | Correct by (date) | Initial |  |  |
|                           |  |  |  |               |                               | Correct by        | Initial |  |  |
| Code<br>Reference         | CORE ITEMS  Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. |  |  |               |                               |                   |         |  |  |
|                           |  |  | PROVIDED OR COMMENTS   |               |                               |                   |         |  |  |
|                           |  | EDUCATION  | PROVIDED OR COMMENTS   |               |                               |                   |         |  |  |
|                           |  |  |  |               |                               |                   |         |  |  |
| Person in Ch              | arge /Title:   |  |  |               | Date:                         |                   |         |  |  |
| Inspector:                | Man & Honar  |  | Telephone No.  | EPHS No.      | Follow-up:<br>Follow-up Date: | Yes               | No      |  |  |
|                           |  | DISTRIBUTION: WHITE - OWN                                    | NER'S COPY CANARY – FILE C   | 'CDV          |                               |                   | E6.37A  |  |  |