

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 SPE WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESUL ESTABLISHMENT NAME: OWNER:															
ADDRESS:					ESTABLISHMENT NUMBER:				ER:	COUNTY:					
CITY/ZIP:			PHONE:			FAX					P.H. PRIORITY :	Н	M	L	
ESTABLISHMEN	T TYPE														
BAKERY RESTAU		C. STORE CATES SCHOOL SENIC		LI MMER F.I	Ρ.		SROCE AVERN	ERY STOR	RE		STITUTION MP.FOOD	MOBILE	VENDO	RS	
PURPOSE Pre-open		Routine Follow-up													
FROZEN DE		<u> </u>	SEWAGE DISPOS				UPPL'	Y							
Approved	Disa	approved Not Applicable	PUBLI		C						MUNITY oled	PRIVAT Results			
License	e No	<u> </u>	PRIVA RISK FAC		MD	INITEI	DI/ENI	TIONS	Butto	Cump		rtooditt			_
Risk factors a	re food r	preparation practices and emplo							ease Co	ontrol a	and Prevention as cor	ntributing fac	tors in		
foodborne illne		eaks. Public health intervention	ons are control measure	s to prev	ent fo	odbor	ne illne	ss or injur							_
Compliance Demonstration of Knowledge Person in charge present, demonstrates knowled			•	COS	R	 	mpliance		Prone		tentially Hazardous F ing, time and tempera			OS	R
IN OUT	IN OUT Person in charge present, demonstration and performs duties		3 /			IN (TUC	N/O N/A	Flope	i COOKI	ing, time and tempera	ature			
IN OUT		Employee F						N/O N/A	·						_
IN OUT		Management awareness; poli Proper use of reporting, restri		+				N/O N/A	' ' '						
		Good Hygienic	Practices				OUT	N/A	Prope	oper cold holding temperatures					
IN OUT N/C		Proper eating, tasting, drinking No discharge from eyes, nose			-	IN	OUT	N/O N/A			marking and dispositi ublic health control (pr				
IN OUT N/C)	No discharge from eyes, nose	and moduli			IN	OUT	N/O N/A	record		iblic fleatti control (pi	rocedures /			
		Preventing Contamin							0		Consumer Advisory				
IN OUT N/C)	Hands clean and properly was	shed			IN	OUT	N/A	N/A Consumer advisory provided for raw or undercooked food			aw or			
IN OUT N/C	N/O No bare hand contact with ready-to-eat foods of								Highly Susceptible Populati			lations			
approved alternate method properly for IN OUT Adequate handwashing facilities supplementations and approved alternate method properly for IN OUT					IN (N OUT N/O N/A Pasteurize			ed foods used, prohibited foods not						
accessible Approved Source								Chemical							
IN OUT	IN OUT Food obtained from approved source					IN	OUT	N/A							
IN OUT N/O N/A Food received at proper temperature					IN	OUT		Toxic substances properly identified, stored and used			nd				
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite								Conformance with Approved Procedures Compliance with approved Specialized Process			20				
IN OUT N/O N/A destruction					IN	OUT	N/A	and HACCP plan							
IN OUT	NI/A	Protection from Co Food separated and protected				The	letter t	o the left o	f each it	em ind	licates that item's stat	tus at the tim	e of the		
IIV SS. IVA					The letter to the left of each item indicates that item's status at the time of the inspection.						10 01 1110				
Drawar disposition of returned proviously control					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed										
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item								_							
		Good Retail Practices are prev						nogens ch	emicals	and n	hysical objects into fo	nnds			
IN OUT		Safe Food and Wa		COS	R	IN	OUT	legene, en	- Cirillouio,		er Use of Utensils		COS	S F	₹
		urized eggs used where require	d					In-use u	itensils:	proper	ly stored				
	Water	and ice from approved source						handled		nent ar	nd linens: properly sto	ored, dried,			
		Food Temperature Co						Single-u	ıse/singl		ice articles: properly s	stored, used			
		uate equipment for temperature	control					Gloves	used pro		quipment and Vendin	α		_	
		proved thawing methods used ermometers provided and accurate						Food ar	Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, properly						
		Food Identification						designe	ed, constructed, and used ashing facilities: installed, maintained, used; test						
	Food							strips us	sed						
	F000	od properly labeled; original container Prevention of Food Contamination						Nontood	Nonfood-contact surfaces clean Physical Facilities						_
		Insects, rodents, and animals not present								ater ava	ailable; adequate pres				
	and di	Contamination prevented during food preparation, storage and display									oper backflow devices				
	finger	ersonal cleanliness: clean outer clothing, hair restraint, ngernails and jewelry						Sewage and wastewater properly disposed							
		g cloths: properly used and store and vegetables washed before		+		1		Toilet facilities: properly			ly constructed, supplied rly disposed; facilities			-	
	i iuits		usc			L					illed, maintained, and		1		_
Person in Charge /Title: Date: Inspector: A Company of the Charge / Title: Date: Telephone No. FPHS No. Follow-up: Yes No. No.															
Inspector: <	w	ami Find	7		Tel	epho	ne No.	. EPH	S No.		ow-up:	Yes		No	
	110	ame of from								Folio	w-up Date:				

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



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ESTABLISHMEN [*]	T 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 I elimination, prevention or reduction E IMMEDIATE ACTION within 72	TEMS n to an acceptable level, haza hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
							AJ.	
							,,	
0.1						0 11		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE ITE , operational controls, facilities or s s). These items are to be correct	tructures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							S.	
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							S.	
							~ -,	
							S.	
							•	
		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	arge /Title:	· lana			Date:			
Inspector:		The state of the s	Telephone No.	EPHS No.	Follow-up:	Yes	No	
	Mani I til	-			Follow-up Date:			