

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

TIME IN	TIME OUT
DATE	PAGE 1 of

			CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF										Y. FAILU	JRE TO (	COMPL	.Y	
ESTABLIS				OWNER:			-					RSON IN C	HARGE	:			
ADDRESS	S:			<b>'</b>			EST	ABLIS	HMENT I	NUMBE	ER: CO	UNTY:					_
CITY/ZIP:				PHONE:			FAX				P.H	I. PRIORITY	<b>/</b> :	Н	М	L	_
ESTABLISHN BAKE		TYPE	C. STORE CATE	DED DE	ELI		(	2POCE	RY STOR	F	INSTIT	LITION	M	OBILE VE	=NDOB	99	
REST		ANT			MMER	F.P.		AVERN		L	TEMP.F		IVIC	JOILL VI	LINDON		
PURPOSE Pre-or	penin	9	Routine Follow-up	Complaint	Oth	ner											
FROZEN	DES	SERT		SEWAGE DISPO	SAL	WAT	ER S	UPPL	<b>′</b>								-
Approve			approved Not Applicable	PUBL PRIV		(	COMN	'TINUN	Y		COMMUN Sampled	NITY		RIVATE Results _			
LICE	ense N	NO		RISK FA		AND	INTE	RVEN <sup>-</sup>	TIONS								
Risk factor	rs are	food p	reparation practices and emplo	yee behaviors most co	mmonly	reporte	ed to th	ne Cent	ers for Dis	ease Co	ontrol and F	Prevention as	contribut	ing facto	rs in		_
	Ilness	outbre	eaks. Public health intervention						_ , ,	1.	5					0   0	_
Compliance			Demonstration of Person in charge present, der		COS	S R	1	mpliance		Proper		ally Hazardou ime and temp			СО	S F	<del>۲</del>
IN OUT			and performs duties	nonstrates knowledge,			IN (	OUT I	N/O N/A	Порег	r cooking, t	ine and temp	crature				
INI			Employee F				IN (		N/O N/A	•		procedures f		olding			_
IN OUT			Management awareness; poli Proper use of reporting, restri				_		N/O N/A N/O N/A			me and tempe					_
			Good Hygienic	Practices				OUT	N/A			ng temperatur					-
IN OUT	N/O		Proper eating, tasting, drinkin				IN	OUT	N/O N/A			king and dispo					
IN OUT	N/O		No discharge from eyes, nose	e and mouth			IN	OUT I	N/O N/A	records		health control	(procea	ures /			
			Preventing Contamin								Co	nsumer Advis					
IN OUT	N/O		Hands clean and properly was	shed			IN	OUT	N/A		mer adviso cooked foo	ory provided fo	or raw or				
IN OUT	N/O		No bare hand contact with rea	ady-to-eat foods or						underc		usceptible Po	pulations	3			=
	1470		approved alternate method pr Adequate handwashing facilit							Dootou	urimed food	a used probib	itad faas	do not			_
IN OUT			accessible	ies supplied &			IN (	OUT I	N/O N/A	offered		s used, prohib	olled 1000	is not			
			Approved S									Chemical					
IN OUT	NVO	N1/A	Food obtained from approved Food received at proper temp				1	OUT	N/A	Food a	additives: a	pproved and properly ider	properly	used ored and			_
IN OUT	N/O	N/A					IN	OUT		used							
IN OUT			Food in good condition, safe a Required records available: s				ļ					e with Approve approved Spe					_
IN OUT	N/O	N/A	destruction	nelistock tags, parasite	1		IN	OUT	N/A		ACCP plan		ecializeu	Process			
			Protection from Co				1										
IN OUT		N/A	Food separated and protected					letter to ection.	the left of	t each ite	em indicate	es that item's s	status at	the time	of the		
IN OUT		N/A	Food-contact surfaces cleane	d & sanitized				IN =	in complia			= not in comp					
IN OUT	N/O		Proper disposition of returned						= not appli S=Correcte			= not observe Repeat Item	ed				
			reconditioned, and unsafe foo		OOD RI	ETAIL F	PRACT		Correcte	u on on		topout itom					-
			Good Retail Practices are prev						ogens, che	emicals,	and physic	cal objects into	o foods.				-
IN OU			Safe Food and Wa		COS	R	IN	OUT				e of Utensils			COS	R	
			urized eggs used where require and ice from approved source	d			<u> </u>				properly sto	ored ens: properly	stored o	dried			_
		TTUIO	• •						handled		ioni ana iii	iono. propony	otorou, c	ariou,			
	_	Adogu	Food Temperature Co									rticles: proper	rly stored	l, used			_
			ate equipment for temperature ved thawing methods used	CONTROL					Gioves t	used pro Utens		ment and Ven	dina				=
			ometers provided and accurate	)						d nonfoc	od-contact	surfaces clea	nable, pr	operly			_
			Food Identificatio	n							ructed, and	l used talled, maintai	inad usa	d: test			_
			1 ood identineatio						strips us	ed			irica, asc	u, 1031			
		Food p	properly labeled; original contai						Nonfood	l-contact	t surfaces of						_
	-	Insects	Prevention of Food Conta s, rodents, and animals not pre-						Hot and	cold wat		Il Facilities le; adequate p	oressure				-
		Contar	mination prevented during food				1					backflow devi					_
		and dis	splay nal cleanliness: clean outer clot	hing hair restraint		1			Sewage	and was	stewater n	roperly dispos	ed			-	_
		fingern	nails and jewelry						Ĭ		•						
			cloths: properly used and stor and vegetables washed before									nstructed, sup sposed; facilit					_
		i iuliS i	ana vegetables washed belore	use		-	1					maintained, a					=
Person in	Cha	rge /Ti	itle: J Q. D	1.1-							Date:	, ,					
Incocato			year ou	- www		IΤα	lanha	ne No.	PHES	z Na	Follow-u	n·	Ye			No	_
Inspector:		ann	n Dhady			16	ichi 101	IIC INU.	PHES		Follow-u		re	3	ı	No	
MO 580-1814 (9	9-13)	7		DISTRIBUTION: WHITI	E – OWNER	R'S COPY			CANARY - FI			•				E6.37	7

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



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

### FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	T NAME	ADDRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP in ° E	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
		I LIVII . III I	vii . III 1					
Code		PRIOR	ITY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	limination, prevention or redu IMMEDIATE ACTION with	uction to an acceptable level, hazar in 72 hours or as stated.	ds associated	d with foodborne illness	(date)		
Code		COR	E ITEMS			Correct by	Initial	
Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	s). These items are to be co	orrected by the next regular inspe	ection or as	stated.	(date)		
		EDUCATION PR	ROVIDED OR COMMENTS					
			<u>.</u>					
					_			
Person in Ch	narge /Title: Liva C Sch	luter			Date:			
Inspector:	Naula Bradu		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)	· proper convey	DISTRIBUTION: WHITE - OWNER	'S COPY CANARY – FILE CO	)PV	i oliow-up Date.		E6.37A	



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PAGE <sup>3</sup> of

ESTABLISHMEN'	TNAME	ADDRESS		CITY/ZII	CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ L			TEMP. ir	ı° F	
Code Reference	Priority items contribute directly to the e or injury. <b>These items MUST RECEIVE</b>	PRIC elimination, prevention or re IMMEDIATE ACTION wi	ORITY ITEMS eduction to an acceptable level, haza thin 72 hours or as stated.	irds associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilit	DRE ITEMS ties or structures, equipment design, corrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			PROVIDED OR COMMENTS					
		EDUCATION	PROVIDED OR COMMENTS					
	. 0 -							
Person in Ch	narge /Title: Jua C Sch	luter			Date:			
Inspector:	Jayla Brady	DISTRIBUTION: WHITE – OWN	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



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

DAGE	4	of		

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Code		CO	RE ITEMS				Correct by	Initial		
Reference	Core items relate to general sanitation, standard operating procedures (SSOP)	operational controls, facilities). <b>These items are to be</b>	es or structures, corrected by th	equipment design, e next regular insp	general main pection or as	tenance or sanitation stated.	(date)			
		EDUCATION 5		COMMENTO						
		EDUCATION F	KOVIDED OF	COMMENTS						
Person in Ch	narge /Title: Jusa C Sc	hluto.				Date:				
Inspector:	Taula Brader			Telephone No.	PHES No.	Follow-up:	Yes	No		
MO 580-1814 (9-1 <b>3</b>	Juliu Dianis	DISTRIBUTION: WHITE - OWNE	R'S COPY	CANARY - FILE C	:OPV	Follow-up Date:		E6.37A		