

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

| TIME IN | TIME OUT  |
|---------|-----------|
| DATE    | PAGE 1 of |

|   | LIMITS   | CTION, OR SUCH SHORTER F<br>FOR CORRECTIONS SPECIF<br>NAME:         |                    |          |       |   |          |            |   |         |   |                    | COMPL    | .Y  | _ |
|---|----------|---|--------------------|----------|-------|---|----------|------------|---|---------|---|--------------------|----------|-----|---|
| ADDRESS:  |          |   |                    |          |       | EST   | ABLIS    | SHMENT     | NUMB  | ER:     | COUNTY:   |                    |          |     | _ |
| CITY/ZIP:   |          |   | PHONE:             |          |       | FAX   | :        |            |   |         | P.H. PRIORITY :                                       | Н                  | М        | L   | _ |
| ESTABLISHMEN BAKERY   |          | C. STORE CATE   |                    |          |       |   |          | ERY STOR   | RE  |         | STITUTION   | MOBILE V           | ENDOR    | S   | - |
| RESTAUI<br>PURPOSE<br>Pre-openi   |          | SCHOOL SENIC  |                    | MER F.F  |       | <u> </u>  | AVER     | N          |   | TE      | MP.FOOD   |                    |          |     | _ |
| FROZEN DE   |          | <u> </u>  | SEWAGE DISPOS      |          |       |   | UPPL'    | <br>Y      |   |         |   |                    |          |     | _ |
| Approved<br>License   |          | approved Not Applicable   | PUBLI:<br>PRIVA    |          | C     | COMN  | /UNIT    | Υ          |   |         | MUNITY<br>pled  | PRIVATE<br>Results |          |     |   |
| Licerise  | : INO    |   | RISK FAC           |          | ND    | INTE  | RVEN     | TIONS      |   |         |   |                    |          |     |   |
|   |          | oreparation practices and emplo<br>eaks. Public health intervention |                    |          |       |   |          |            |   | ontrol  | and Prevention as con                                 | tributing facto    | ors in   |     |   |
| Compliance  | SS OULDI | Demonstration of  |                    | COS      | R     |   | mpliance |            | у.  | Po      | otentially Hazardous Fo                               | oods               | СО       | S F | 7 |
| · · · · · · · · · · · · · · · · · · ·   |          | Person in charge present, der                                       | •                  |          |       | 1   |          | N/O N/A    | Prope   |         | king, time and temperat                               |                    |          |     | - |
| IN OUT  |          | and performs duties   | I = = 141=         |          |       |   |          |            | D   |         | eating procedures for h                               | -4 l1 -1:          |          |     | _ |
| IN OUT  |          | Employee F<br>Management awareness; poli                            |                    |          |       |   |          | N/O N/A    |   |         |   | _                  |          |     |   |
| IN OUT  |          | Proper use of reporting, restri                                     |                    |          |       | _   |          | N/O N/A    |   |         | ing time and temperatu<br>nolding temperatures        | 100                |          |     | - |
|   |          | Good Hygienic   |                    |          |       |   | OUT      | N/A        | Prope   | r cold  | holding temperatures                                  |                    |          |     |   |
| IN OUT N/C  | )        | Proper eating, tasting, drinking No discharge from eyes, nose       |                    |          |       | IN  | OUT      | N/O N/A    |   |         | marking and disposition ublic health control (pro     |                    |          |     | _ |
| IN OUT N/C  | )        | No discharge from eyes, nose  | and mouth          |          |       | IN  | OUT      | N/O N/A    | record  |         | ublic nealth control (pro                             | ocedures /         |          |     |   |
|   |          | Preventing Contamin   | ation by Hands     |          |       |   |          |            |   |         | Consumer Advisory                                     |                    |          |     |   |
| IN OUT N/C  | )        | Hands clean and properly was  | shed               |          |       | IN  | OUT      | N/A        | Consumer advisory provided for raw or   |         |   |                    |          |     |   |
| OUT N/C   |          | No bare hand contact with rea                                       | dv-to-eat foods or |          |       |   |          |            | undercooked food Highly Susceptible Populations                                   |         |   | ations             |          |     | - |
| IN OUT N/C  | )        | approved alternate method pr  | operly followed    |          |       |   |          |            |   |         |   |                    |          |     |   |
| IN OUT Adequate handwashing facilities supplied & accessible  |          |   |                    |          | IN    | OUT   | N/O N/A  | опегеа     |   |         | foods not   |                    |          |     |   |
| IN OUT  |          | Approved S  |                    |          |       |   | OUT      |            |   |         | Chemical  | <u> </u>           |          |     | _ |
| IN OUT Food obtained from approved source  IN OUT N/O N/A Food received at proper temperature       |          | -   |                    |          | OUT   | N/A   |          |            | ves: approved and prop<br>ances properly identifie                                |         | 1   | -                  | _        |     |   |
| IN OUT N/O  | O N/A    | 1 ood received at proper temp                                       | erature            |          |       | IN  | OUT      |            | used  | 30030   | ances properly identine                               | u, storeu and      | •        |     |   |
| IN OUT  |          | Food in good condition, safe a                                      |                    |          |       |   |          |            | Conformance with Approved Procedures  Compliance with approved Specialized Proces |         |   |                    |          |     | _ |
| IN OUT N/O N/A Required records available: shellstock tags, parasite destruction                    |          |   |                    |          | IN    | OUT   | N/A      | and H      |   |         | ized Process  | }                  |          |     |   |
|   |          | Protection from Co  |                    |          |       |   |          |            |   |         |   |                    |          |     |   |
| IN OUT  | N/A      | Food separated and protected  | i                  |          |       | The letter to the left of each item indicates that item's status at the time of the inspection. |          |            |   |         |   |                    |          |     |   |
| IN OUT  | N/A      | Food-contact surfaces cleane  | d & sanitized      |          |       | шэр   | IN =     | in complia |   |         | OUT = not in compliar                                 | nce                |          |     |   |
| IN OUT N/C  | )        | Proper disposition of returned reconditioned, and unsafe foo        |                    |          |       | N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item                     |          |            |   |         |   |                    |          |     |   |
|   |          | reconditioned, and unsale loo                                       |                    | OOD RETA | ΔII F | PRACT   |          | 0011001    | Ju 011 01   |         | Tr Tropout itom                                       |                    |          |     |   |
|   |          | Good Retail Practices are prev                                      |                    |          |       |   |          | hoaens, ch | nemicals  | . and ı | physical objects into fo                              | ods.               |          |     | - |
| IN OUT  |          | Safe Food and Wa  |                    | COS      | R     | IN  | OUT      |            |   |         | er Use of Utensils                                    |                    | cos      | R   | _ |
|   |          | urized eggs used where require                                      | d                  |          |       |   |          |            |   |         | rly stored  |                    |          |     |   |
|   | water    | and ice from approved source  |                    |          |       |   |          | Utensils   |   | nent a  | nd linens: properly stor                              | ea, dried,         |          |     |   |
|   |          | Food Temperature Co   | ontrol             |          |       |   |          |            |   | le-ser\ | vice articles: properly s                             | tored, used        |          |     | - |
|   |          | ate equipment for temperature                                       |                    |          |       |   |          |            | used pro  | operly  |   |                    |          |     |   |
|   |          | ved thawing methods used  |                    |          |       | -   |          | Food or    |   |         | quipment and Vending                                  |                    |          | -   | _ |
|   | rnerm    | nometers provided and accurate                                      | ,                  |          |       |   |          |            |   |         | ntact surfaces cleanab<br>I, and used                 | ie, properiy       |          |     |   |
|   |          | Food Identification   |                    |          |       |   |          |            | ashing facilities: installed, maintained, used; test<br>sed                       |         |   | , used; test       |          |     | _ |
|   | Food     | properly labeled; original contain                                  |                    |          |       |   |          |            |   |         | aces clean  |                    |          |     | _ |
|   |          | Prevention of Food Contamination                                    |                    |          |       | ļ   |          |            | Physical Facilities   |         |   |                    |          | _   |   |
| Insects, rodents, and animals not present  Contamination prevented during food preparation, storage |          | +   |                    |          |       |   |          |            | railable; adequate pressoper backflow devices                                     | sure    |   | +                  | -        |     |   |
|   | and di   |   |                    |          |       | 1   |          |            |   |         | ater properly disposed                                |                    |          |     | _ |
|   | finger   | nails and jewelry   |                    |          |       |   |          |            |   |         |   | al alaasis d       | <u> </u> |     | _ |
|   | Wiping   | g cloths: properly used and stor<br>and vegetables washed before    | ea<br>use          |          |       | $\vdash$  |          |            |   |         | rly constructed, supplie<br>erly disposed; facilities |                    |          | +   | _ |
|   | TTUILS   | and regelables washed belone  | . / / .            |          |       | <del>                                     </del>  |          |            |   |         | alled, maintained, and                                |                    |          |     | - |
| Person in Charge /Title: Date:  |          |   |                    |          |       |   |          |            |   |         |   |                    |          |     |   |
| Inspector:  |          | out Reagang Mackey  | w-y =              |          | Tel   | lepho   | ne No    | . PHF      | S No.   | Follo   | ow-up:  | Yes                |          | No  | = |
| Kati  | tyw Pe   | out Keagary Illackay  |                    |          |       |   |          |            |   |         | ow-up Date:   |                    |          |     |   |

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

PAGE 2 of

| ESTABLISHMENT NAME |  | ADDRESS  | ADDRESS   |                 |                              | CITY/ZIP          |          |  |  |
|--------------------|--|--|---|-----------------|------------------------------|-------------------|----------|--|--|
| FO                 | OD PRODUCT/LOCATION  | TEMP. in ° F   | TEMP. in ° F FOOD PRODUCT/ LOC                          |                 |                              | TION TEMP. in ° F |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
| Code               |  | PRIORITY   | TEMS  |                 |                              | 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 | n to an acceptable level, haza<br>2 hours or as stated. | rds associate   | d with foodborne illness     | (date)            |          |  |  |
|                    |  |  |   |                 |                              |                   | 4        |  |  |
|                    |  |  |   |                 |                              |                   | • •      |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
| Code               |  | CORE ITI   | EME   |                 |                              | Correct by        | Initial  |  |  |
| Reference          | Core items relate to general sanitation standard operating procedures (SSOF  | , operational controls, facilities or s  | structures, equipment design,                           | general maint   | enance or sanitation stated. | (date)            | IIIIIIai |  |  |
|                    |  |  |   |                 |                              |                   | LLA      |  |  |
|                    |  |  |   |                 |                              |                   | _ 1 N    |  |  |
|                    |  |  |   |                 |                              |                   | 1111     |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   | 110      |  |  |
|                    |  |  |   |                 |                              |                   | +}       |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   | , 1 -    |  |  |
|                    |  |  |   |                 |                              |                   | 111      |  |  |
|                    |  |  |   |                 |                              |                   | 1 10     |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
|                    |  | EDUCATION PROV   | IDED OR COMMENTS  |                 |                              |                   |          |  |  |
|                    |  |  |   |                 |                              |                   |          |  |  |
| Person in Ch       | arge /Title:   | - J  | Half-   |                 | Date:                        |                   |          |  |  |
|                    |  | A CONTRACTOR OF THE CONTRACTOR | Telephone No.   | PHES No.        | Follow-up:                   | Yes               | No       |  |  |
| орооког. ү         | atilyo Recut Reagan & Mack   | i diopriorie ivo.  |   | Follow-up Date: | . 00                         | 140               |          |  |  |



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

| DAOE | 3 |    |  |
|------|---|----|--|
| PAGE | 9 | Ωt |  |

| ESTABLISHMENT NAME    |  | ADDRESS   |                                    |  |                                | CITY/ZIP                      |            |             |  |
|-----------------------|--|---|------------------------------------|--|--------------------------------|-------------------------------|------------|-------------|--|
| FOOD PRODUCT/LOCATION |  | TEMP. in ° F  | TEMP. in ° F FOOD PRODUC           |  |                                | ION                           | TEMP. ir   | ı°F         |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
| Code                  |  | PRIO  | RITY ITEMS                         |  |                                |                               | Correct by | Initial     |  |
| Reference             | Priority items contribute directly to the or injury. These items MUST RECEIVED | elimination, prevention or re//E IMMEDIATE ACTION wit | duction to an ac<br>hin 72 hours o | ceptable level, haza<br>as stated.       | ards associate                 | d with foodborne illness      | (date)     |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
| Code                  |  | COI   | RE ITEMS                           |  | _                              |                               | Correct by | Initial     |  |
| Reference             | Core items relate to general sanitation standard operating procedures (SSOF    | n, operational controls, facilitie                    | es or structures,                  | equipment design,<br>e next regular insp | general maint<br>pection or as | enance or sanitation stated.  | (date)     |             |  |
|                       |  |   |                                    |  |                                |                               |            | +           |  |
|                       |  |   |                                    |  |                                |                               |            | ЦД          |  |
|                       |  |   |                                    |  |                                |                               |            | <b>⊥1</b> ₩ |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
|                       |  | EDUCATION P   | ROVIDED OF                         | R COMMENTS                               |                                |                               |            |             |  |
|                       |  |   |                                    |  |                                |                               |            |             |  |
| Person in Ch          | arge /Title:   | - XXIII - XX  |                                    |  |                                | Date:                         |            |             |  |
| Inspector:            | thy Recut Reagan & Mack  | A MINIST  |                                    | Telephone No.                            | PHES No.                       | Follow-up:<br>Follow-up Date: | Yes        | No          |  |

MO 580-1814 (9-13)

DISTRIBUTION: WHITE - OWNER'S COPY

CANARY - FILE COPY

E6.37A