

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 RO	JUTINE	INSPE	CTION, OR SUCH SHORTER PI	ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REG	FACILITIES WHICH MUST BE CORR ULATORY AUTHORITY. FAILURE T				
ESTABLISHMENT NAME:				OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOUNGER:					OK TOOL	PERSON IN CHARGE:				
ADDRESS:				-	ESTABLISHMEN				HMENT	NUMBER: COUNTY:					
CITY/ZIP:				PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER					DELI GROCERY STORI SUMMER F.P. TAVERN					RE INSTITUTION MOBILE VENDORS TEMP.FOOD					
PURPOSE Pre-opening Routine Follow-up Complaint				Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable					WAGE DISPOSAL WATER SUPPLY COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results					
	License	No		PRIV		AND	INITE		TIONO	Date		<u> </u>			
Diel- (e	-1	- f d -		RISK FAC						0	stant and Danier than an are talk that for	-4 :			
			preparation practices and employ eaks. Public health interventior								ntrol and Prevention as contributing fa	ctors in			
Compliar	nce		Demonstration of k					R Compliance			Potentially Hazardous Foods				
IN OL	JT		Person in charge present, demonstrates knowledge, and performs duties				IN OUT N/O N/A			Proper cooking, time and temperature					
INI -			Employee He								reheating procedures for hot holding				
IN OL			Management awareness; polic Proper use of reporting, restrict				_		N/O N/A						
			Good Hygienic P	ractices				OUT	N/A	Proper	cold holding temperatures				
	JT N/C		Proper eating, tasting, drinking No discharge from eyes, nose			_	IN	IN OUT N/O N/A Pro			date marking and disposition s a public health control (procedures /				
IN OL	UT N/C)	3				IN	OUT	N/O N/A records)		3)				
IN OL	UT N/O)	Preventing Contamina Hands clean and properly wash				IN				Consumer Advisory mer advisory provided for raw or				
IN OI	UT N/C	`	No bare hand contact with read	ly-to-eat foods or						underco	ooked food Highly Susceptible Populations				
		,	approved alternate method pro						Dootou	rized feeds used prohibited feeds not					
IN O	IN OUT		Adequate handwashing facilities supplied & accessible				IN OUT N/O N/A			offered					
IN OUT			Approved Source Food obtained from approved source				IN OUT N/A			Food or	Chemical dditives: approved and properly used				
IN OUT N/O N/A			Food received at proper temperature				IN OUT			Toxic substances properly identified, stored and used					
IN OUT			Food in good condition, safe and unadulterated							Conformance with Approved Procedures					
IN OUT N/O N/A		N/A	Required records available: shellstock tags, parasite destruction				IN OUT N/A		Compliance with approved Specialized Process and HACCP plan						
Protection from Contan			ntamination	mination											
IN OF	JT	N/A	Food separated and protected				The letter to the left of ea inspection.				f each item indicates that item's status at the time of the				
IN OL	IN OUT N/A		Food-contact surfaces cleaned & sanitized				IN = in compliance				OUT = not in compliance				
IN OUT N/O)	Proper disposition of returned, previously served, reconditioned, and unsafe food				N/A = not applicable COS=Corrected On				N/O = not observed R=Repeat Item				
			reconditioned, and another reco		OOD RE	TAIL	PRACT				·				
	1		Good Retail Practices are preve				-	_	nogens, ch		· · · · · · · · · · · · · · · · · · ·	cos			
IN	OUT Paste		Safe Food and Wate urized eggs used where required		COS	R	IN	OUT	In-use u	Proper Use of Utensils utensils: properly stored			R		
			and ice from approved source						Utensils	, equipme	ent and linens: properly stored, dried,				
			Food Temperature Cor	otrol			-		handled		-service articles: properly stored, used				
Appro		Adequ	ate equipment for temperature of				1			used prop		'			
			ved thawing methods used				+		F	Utensils, Equipment and Vending					
		Inem	nometers provided and accurate								d-contact surfaces cleanable, properly ucted, and used	'			
			Food Identification						Warewa strips us		ilities: installed, maintained, used; tes	t			
		Food properly labeled; original container						Nonfood-contac							
		Incoct	Prevention of Food Contar s, rodents, and animals not preso				-		Hot and	cold wate	Physical Facilities er available; adequate pressure				
	Contamination prevented during for and display Personal cleanliness: clean outer of						1				d; proper backflow devices				
				ing hair restraint			-		Sawaga	and was	tewater properly disposed				
fingernails and jewelry			nails and jewelry					Sewage and wast							
Wiping c		Wiping	g cloths: properly used and store	d							roperly constructed, supplied, cleaned				
			and vegetables washed before u				1				properly disposed; facilities maintained installed, maintained, and clean	+			
Persor	n in Ch	arge /T	itle: Report sent - elizabeth.h	unleth@aldi.us					. , , , , , ,		Date:	ı			
Inspec		_	vzy-I Mackay	<u> </u>		Те	lepho	ne No	. PHE		Follow-up: Yes		No		
Luggex II Maday					1					Follow-up Date:					



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [®]	T NAME	ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ION	TEMP. ir	۱° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY IT elimination, prevention or reduction	to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN 72	nours or as stated.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE , operational controls, facilities or s 's). These items are to be correc	tructures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			DED OR COMMENTS					
Person in Charge /Title: Report sent via email - elizabeth.hunleth@aldi.us								
Inspector:	Puzz-Mackay		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13) // DISTRIBUTION: WHITE – OWNER'S COPY CANARY – FILE COPY E6.37A

