

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										TY. FA	ILURE TO	COMPL	Υ.
ESTABLISH	STABLISHMENT NAME: OWNER:						PERSON IN CHARGE:								
ADDRESS:			'			ESTABLISHMENT NUMBER: COUNTY:									
CITY/ZIP: PHONE:					FAX:				ı	P.H. PRIORI	ΓΥ:	Н	М	L	
ESTABLISHMEN BAKERY		C. STORE CATE			Б			RY STORE	Ē		TITUTION		MOBILE '	VENDOR	S
RESTAUF PURPOSE				MMER F			AVERN			IEM	P.FOOD				
Pre-openi FROZEN DE	•	Routine Follow-up	Complaint SEWAGE DISPOSE			ED C	JPPLY								
Approved		approved Not Applicable	PUBL	IC			IUNIT				IUNITY ed		PRIVATI Results	E	
License	No		PRIVA RISK FAC		VNID	INITEI	D\/ENI7	LIUNIS		- Сар.			. 1000.10		
Risk factors ar	re food r	preparation practices and emplo							ase Co	ontrol ar	nd Prevention a	s contri	huting fac	tors in	
foodborne illnes		eaks. Public health intervention	ons are control measur	es to pre	vent fo	odbor	ne illnes	ss or injury.							
Compliance		Demonstration of Person in charge present, der		cos	R		npliance		Dropo		entially Hazard			СО	S R
IN OUT		and performs duties	nonstrates knowledge,			IN (1 TUC	N/O N/A	Prope	er cookin	g, time and ten	nperatu	re		
		Employee H				IN (ting procedure				
IN OUT		Management awareness; poli Proper use of reporting, restri			-	_					g time and temperatu		es		
IN OUT		Good Hygienic					<u> </u>				olding temperati				
IN OUT N/C)	Proper eating, tasting, drinking									narking and dis				
IN OUT N/C)	No discharge from eyes, nose	and mouth			IN (1 TUC	N/O N/A	Time		olic health contr	ol (proc	cedures /		
		Preventing Contamin							TECOTO	u3)	Consumer Ad	visory			
IN OUT N/O)	Hands clean and properly was	shed			IN	TUC	N/A			visory provided	for raw	or or		
IN OUT N/C)	No bare hand contact with rea							unaer	cooked Highl	tood ly Susceptible I	Populati	ions		
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied & accessible				IN OUT N/O N/A Pasteurize			oods used, prol	nibited f	oods not					
		Approved S	ource								Chemica				
IN OUT		Food obtained from approved				IN	TUC	N/A	Food	additive	s: approved an	d prope	rly used		
IN OUT N/O	A/N C	Food received at proper temp	erature			IN	TUC		Toxic used	substan	ices properly id	entified	, stored ar	nd	
IN OUT		Food in good condition, safe a								onforma	ince with Appro	ved Pro	ocedures		
IN OUT N/O	O N/A	Required records available: sl destruction	nellstock tags, parasite			IN	OUT	N/A		oliance w	vith approved S blan	pecializ	ed Proces	ss	
		Protection from Co													
IN OUT	N/A	Food separated and protected	d				letter to ection.	the left of	each it	tem indi	cates that item	s status	at the tim	e of the	
IN OUT	N/A	Food-contact surfaces cleane	d & sanitized			IN = in compliance OUT = not in compliance									
IN OUT N/C		Proper disposition of returned reconditioned, and unsafe for						= not applic =Corrected			I/O = not obser R=Repeat Item	ved			
		recentationed, and anedre rec		OOD RE	TAIL F	PRACT	ICES				·				
		Good Retail Practices are prev				_		ogens, che	micals				ds.		,
IN OUT	Dooto	Safe Food and Wa		cos	R	IN	OUT	In-use ute	anaila.		Use of Utensil	S		cos	R
		urized eggs used where require and ice from approved source	a								d linens: proper	ly store	d, dried,		
		Food Temperature Co						Single-us			e articles: prop	erly sto	red, used		
		uate equipment for temperature	control					Gloves us			· · · · · · · · · · · · · · · · · · ·				
		ved thawing methods used nometers provided and accurate	,					Food and			uipment and Ve act surfaces cle		properly		
	THEIT	iometers provided and accurate						designed	, const	tructed,	and used				
		Food Identification	n					Warewas strips use		acilities:	installed, maint	ained, ı	used; test		
	Food	properly labeled; original contain						Nonfood-	-contac						
	Insect	Prevention of Food Conta s, rodents, and animals not pre-						Hot and o	rold wa		sical Facilities lable; adequate	nressi	Ire		
		mination prevented during food									per backflow de		ai C		1
	and di	splay						Ū							
	finger	nal cleanliness: clean outer clot nails and jewelry						Sewage a	and wa	astewate	er properly disp	osed			
	Wiping cloths: properly used and stored								constructed, s						
	ruits	and vegetables washed before	use			1					y disposed; fac ed, maintained			-	+
Person in Ch	arge /T	itle: CARAMIST						joiodi		Date:		,	- 311	1	1
Inspector:	u M.	ally Katilyn Perant			Tel	lephoi	ne No.	PHES	S No.	Follow	v-up: v-up Date:		Yes	I	No
MO 580-1814 (9-18)	1/ 1. 10		DISTRIBUTION: WHITE	- OWNER'	S COPY			CANARY – FILI	E COPY		v-up Date.				E6.37

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

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	0		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. ii	n°F
Code		PRIORIT	YITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduce E IMMEDIATE ACTION within	tion to an acceptable level, haza	ards associate	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE , operational controls, facilities of the core of	or structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
		,	,				and
							(MAST)
							EMS .
							ETTE -
							AN -
		EDUCATION PRO	OVIDED OR COMMENTS				L
Person in Ch	narge /Title: CMAWOH				Date:		
Inspector:	Tuyy X Marky Kodown Recount		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No



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

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ESTABLISHMENT NAME		ADDRESS	ADDRESS CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	in ° F FOOD PRODUCT/ LOCATION			TEMP. in ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIOR elimination, prevention or red /E IMMEDIATE ACTION with	RITY ITEMS luction to an acceptable level, haza nin 72 hours or as stated.	rds associated	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilitie	RE ITEMS as or structures, equipment design, orrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial
		EDUCATION PI	ROVIDED OR COMMENTS				
Person in Ch	narge /Title:				Date:		
Inspector:	Puzz Mellez Kartum Recoud	5	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No

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