

## 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 INSPEC	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS M	AY BE SPEC	CIFIED I	N WRIT	ING BY 1	THE REG	ULAT	ORY AUTHORITY. F	BE CORRE AILURE TC	CTED B COMPI	Y THE LY
ESTABLISHMENT	IN THIS NOTICE MAY RESULT IN CESSATION OWNER:			N OF TO				DN IN CHARGE:				
ADDRESS:		ESTABLISHMENT NUMBER:				R:	COUNTY:					
CITY/ZIP:		PHONE:		FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREI SCHOOL SENIOR		.I Imer F.P.		GROCE	RY STOR	E		TITUTION IP.FOOD	MOBILE	/ENDOF	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
	approved Not Applicable	SEWAGE DISPOS PUBLIC PRIVA	C	TER S COMN	UPPLY IUNITY				/UNITY led	PRIVATI Results		
License No		RISK FAC			RVENT	TIONS						
	preparation practices and employed							ntrol a	nd Prevention as cont	ributing fact	ors in	
Compliance	eaks. Public health interventions Demonstration of Kn				mpliance		/.	Pot	tentially Hazardous Fo	ods	CC	DS R
IN OUT	Person in charge present, demon and performs duties	nstrates knowledge,		IN (	OUT N	N/O N/A	Proper	. cookir	ng, time and temperat	ure		
IN1	Employee Hea			IN (		N/O N/A			ating procedures for h			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction			IN (		<u>N/O N/A</u>			ig time and temperatu	res		
	Good Hygienic Pra	actices		IN	OUT	N/A	Proper	cold h	olding temperatures			
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose ar					<u>N/O N/A</u> N/O N/A			marking and disposition blic health control (pro			
	Preventing Contamination	on by Hands	- + - +	IIN		N/O N/A	records	s)	Consumer Advisory		_	
IN OUT N/O	Hands clean and properly washe			IN	OUT	N/A	Consur		lvisory provided for ra	w or		
IN OUT N/O	No bare hand contact with ready approved alternate method proper						undere		nly Susceptible Popula	itions		
IN OUT	Adequate handwashing facilities accessible			IN (	OUT N	N/O N/A	Pasteu offered		oods used, prohibited	foods not		
	Approved Sour								Chemical			
IN OUT IN OUT N/O N/A	Food obtained from approved so Food received at proper tempera				OUT OUT	N/A			es: approved and prop nces properly identifie		d	
IN OUT	Food in good condition, safe and	upadultorated		IIN	001		used	nform	ance with Approved P	rocoduros	_	
IN OUT N/O N/A	Required records available: shell			IN	OUT	N/A	Compli	iance v	with approved Special		s	
	destruction Protection from Conta	amination				N/A	and HA	ACCP	plan			
IN OUT N/A	Food separated and protected			-		the left o	f each ite	em indi	icates that item's statu	is at the tim	e of the	
IN OUT N/A	Food-contact surfaces cleaned 8	sanitized		insp	ection. IN =	in complia	ance	(	OUT = not in compliar	ice		
IN OUT N/O	Proper disposition of returned, pr			_	N/A :	= not appl	icable	1	N/O = not observed			
	reconditioned, and unsafe food		OD RETAIL	PRACI		=Correcte	a On Sili	e	R=Repeat Item			
	Good Retail Practices are prevent					ogens, ch	emicals,	and pl	hysical objects into for	ods.		
IN OUT	Safe Food and Water		COS R	IN	OUT				r Use of Utensils		COS	R
	urized eggs used where required and ice from approved source						tensils: p		d linens: properly stor	ed, dried,		
	Food Temperature Contr	ol				handled		a_eorvi	ce articles: properly st	ored used		
	ate equipment for temperature cor						used prop	perly				
	ved thawing methods used nometers provided and accurate					Eood an			uipment and Vending tact surfaces cleanabl		_	
Them	Food Identification					designe	d, constr	ucted,	and used	, i i j		
				Warewashing facilities: installed, main strips used			installed, maintained,	used; test				
Food	nation				Nonfood	d-contact		ces clean				
Insect								hysical Facilities vailable; adequate pressure				
	mination prevented during food pre								per backflow devices			
Perso	nal cleanliness: clean outer clothin	g, hair restraint,				Sewage	and was	stewate	er properly disposed			
	nails and jewelry g cloths: properly used and stored								y constructed, supplied			
	and vegetables washed before us	e				Garbag	e/refuse	proper	ly disposed; facilities r	maintained		
Person in Charge /T	itle: The second second second	d to Saich 10		1		Priysica		Date:	led, maintained, and o	Jean		
	"itle: <sub>Desk</sub> approval emaile	u co Saran Goi	ing –	ala::-!	1					N-		NI-
feagan Z Mac	Kay Katelyw Reaut			elepho					w-up: w-up Date:	Yes		No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	- OWNER'S COF	PY		CANARY – F	ILE COPY					E6.37



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

STABLISHMENT NAME         FOOD PRODUCT/LOCATION         Code         Reference         Priority items contribute directly to the el or injury. These items MUST RECEIVE	ADDRESS TEMP. in ° F	FOOD PRODUC			Correct by (date)	n ° F
Code	PRIORITY ITI	EMS			Correct by	
Code Reference Priority items contribute directly to the el or injury. These items MUST RECEIVE	PRIORITY IT Imination, prevention or reduction IMMEDIATE ACTION within 72 f	EMS to an acceptable level, hazar hours or as stated.	ds associated v	with foodborne illness		Initia
Code Reference Priority items contribute directly to the el or injury. These items MUST RECEIVE	PRIORITY IT Imination, prevention or reduction IMMEDIATE ACTION within 72 I	EMS to an acceptable level, hazar hours or as stated.	ds associated v	with foodborne illness		Initia
Code Reference Priority items contribute directly to the el or injury. These items MUST RECEIVE	PRIORITY IT limination, prevention or reduction IMMEDIATE ACTION within 72 h	EMS to an acceptable level, hazar hours or as stated.	ds associated v	with foodborne illness		Initia
Code Reference Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIORITY IT limination, prevention or reduction IMMEDIATE ACTION within 72 t	EMS to an acceptable level, hazar hours or as stated.	ds associated v	with foodborne illness		Initia
Code Reference Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIORITY IT limination, prevention or reduction E IMMEDIATE ACTION within 72 I	EMS to an acceptable level, hazan hours or as stated.	ds associated v	with foodborne illness		Initial
		nours of as stated.				
						1
					1 1	
Code	CORE ITEM				O a ma at hu	luciti e l
Reference Core items relate to general sanitation, of standard operating procedures (SSOPs)	operational controls, facilities or str	ructures, equipment design, g	eneral mainter	nance or sanitation	Correct by (date)	Initial
	). These items are to be correct					
	EDUCATION PROVID	DED OR COMMENTS			<u> </u>	
Person in Charge /Title:				Date:		
	ind to Sauch (lama		1	Dale.		
nspector: Jugan Mackay Lablyw Reaut 10 580-1814 (9-13)	iled to Sarah Goung	Telephone No.		Follow-up:	Yes	No