

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 R	OUTINE	INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	HE REC	SULA	LITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS N ESTABLISHMENT NAME: OWNER				OWNER:						<u>D 01</u>	PERSON IN CHARGE:				
ADDRESS:					ESTABLISHMENT NUM				HMENT	NUMBE	R:	COUNTY:			
CITY/ZIP: PH				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CEN'					DELI GROCERY STORE ER SUMMER F.P. TAVERN					ιE		INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPO:	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable					PUBLIC COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results					
Ī	License	No	<u> </u>	PRIVA RISK FAC		VND	INITE	D\/ENI	ZIONS	Dute	Cuii	recould			
Risk fa	ctors ar	e food r	renaration practices and employ							ease Co	ntrol	and Prevention as contributing fact	ors in		
foodbo	rne illnes		eaks. Public health intervention	ns are control measur	es to pre	vent f	oodbor	ne illne	ss or injury						
Complia			Demonstration of I Person in charge present, dem		COS	R	+	mpliance		Proper		otentially Hazardous Foods king, time and temperature	CO)S R	
IN O	UT		and performs duties	•					N/O N/A						
IN O	UT		Employee H Management awareness; police				IN		N/O N/A	Proper reheating procedures for hot holding Proper cooling time and temperatures					
	UT		Proper use of reporting, restric	tion and exclusion			IN	OUT N/O N/A Proper hot			hot	holding temperatures			
IN O	UT N/O)	Good Hygienic F Proper eating, tasting, drinking									holding temperatures marking and disposition			
IN O	UT N/C)	No discharge from eyes, nose						N/O N/A	Time as a		public health control (procedures /			
			Preventing Contamina	ation by Hands						record		Consumer Advisory			
IN O	UT N/O		Hands clean and properly was	hed			IN	OUT	N/A			advisory provided for raw or ed food			
IN O	UT N/C)	No bare hand contact with rea approved alternate method pro							Hi	ghly Susceptible Populations				
IN OUT			Adequate handwashing facilities supplied & accessible				IN OUT N/O N/A Paster					I foods used, prohibited foods not			
IN O	· · ·		Approved Source				IN OUT					Chemical			
IN OUT IN OUT N/O N/A		D N/A	Food obtained from approved source Food received at proper temperature				IN OUT TOX				od additives: approved and properly used kic substances properly identified, stored and				
IN OUT			Food in good condition, safe and unadulterated							used Conformance with Approved Procedures					
IN OUT N/O N/A) N/A	Required records available: shellstock tags, parasite destruction				IN OUT N/A Compli			Compl	iance	with approved Specialized Proces	s		
			Protection from Co	ntamination			1			anu n	4CCr	ріан			
IN OUT N/A Food separated and protected										em in	dicates that item's status at the time	e of the			
IN OUT N/A Food-contact surfaces cleaned a			d & sanitized	inspection. IN = in con				in complia	mpliance OUT = not in compliance						
IN OUT N/O)	Proper disposition of returned, previously served, reconditioned, and unsafe food				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item					N/O = not observed R=Reneat Item			
			reconditioned, and unsale look		OOD RE	TAIL	PRACT		9 00110010	011 011		TO TOPOUT NOM			
			Good Retail Practices are preve						nogens, ch	emicals,					
IN	OUT Paste		Safe Food and Wat urized eggs used where required		COS	R	IN	OUT	In-use u	e utensils: prope sils, equipment a		er Use of Utensils erly stored	COS	R	
			and ice from approved source						Utensils			and linens: properly stored, dried,			
			Food Temperature Co	ntrol				 	handled Single-u		e-ser	vice articles: properly stored, used	+	+	
			uate equipment for temperature control							used pro	perly	1 1 2			
-			ved thawing methods used cometers provided and accurate				1	 	Food an			Equipment and Vending ntact surfaces cleanable, properly			
			·						designe	d, consti	ucte	d, and used			
		Food Identification							strips us	sed		s: installed, maintained, used; test			
			properly labeled; original contain				-		Nonfood	d-contact surfaces clean Physical Facilities					
	Prevention of Food Contamin Insects, rodents, and animals not present										ter av	vailable; adequate pressure		1	
Contamination prevented during food preparal and display		preparation, storage						ng installed; proper backflow devices							
Personal cleanliness: fingernails and jewelr			nal cleanliness: clean outer cloth	ning, hair restraint,				Sewage and was			stewa	ater properly disposed			
			nails and jewelry g cloths: properly used and store	pred			1	 	Toilet fa	cilities: r	rope	rly constructed, supplied, cleaned	+	+	
			and vegetables washed before						Garbage	e/refuse	prope	erly disposed; facilities maintained			
Doroc	n in Ch	argo /T	itle:				<u> </u>		Physica	I facilitie:	s inst Dat	alled, maintained, and clean	<u> </u>		
			we sarah 40	tungs							⊅al _	ʊ .			
Insped	ctor: _{[leava}	nJ Mai	kay Kotalyo Roant			Те	lepho	ne No.	PHE	S No.		ow-up: Yes ow-up Date:		No	



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ESTABLISHMEN [*]	T NAME	ADDRESS		CITY/ZII	CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° F		
Code		PRIORI	TY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIVED	elimination, prevention or redu/E IMMEDIATE ACTION within	ction to an acceptable level, haza n 72 hours or as stated.	rds associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOI	n, operational controls, facilities	EITEMS or structures, equipment design, rrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							3	
							(9	
							01	
							3	
		EDUCATION PR	OVIDED OR COMMENTS					
Person in Ch	arge /Title: Savoh	(oura)			Date:			
Inspector: [ear]	and Mackay Katelyn Roawt	9	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	

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