

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 F	ROUTINE	INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REG	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN ESTABLISHMENT NAME:			OWNER:						D OF	PERSON IN CHARGE:					
ADDRESS:				-	ESTABLISHMENT NUMBE			R:	COUNTY:						
CITY	//ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
	BLISHMEN BAKERY RESTAU		C. STORE CATEI SCHOOL SENIC		DELI GROCERY STORE UMMER F.P. TAVERN					RE		INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURP	OSE Pre-oper	ing	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPOS	IC COMMUNITY NON-C							DMMUNITY PRIVATE				
	Licens	e No		PRIV	ATE					Date	Sam	pled Results			
				RISK FAC											
			oreparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing factor	ors in		
Compl			Demonstration of		COS			mpliance			Р	otentially Hazardous Foods	CO	S R	
IN (DUT		Person in charge present, der and performs duties	monstrates knowledge,			IN OUT		N/O N/A	Proper	cook	ing, time and temperature			
			Employee F	lealth			IN	OUT	N/O N/A	Proper	rehe	eating procedures for hot holding			
	OUT		Management awareness; poli	cy present			_		N/O N/A			ng time and temperatures			
IN (TUC		Proper use of reporting, restriction Good Hygienic					OUT OUT	N/O N/A N/A			holding temperatures holding temperatures			
IN (OUT N/0)	Proper eating, tasting, drinking	g or tobacco use					N/O N/A	Proper	date	marking and disposition			
IN (N TUC	С	No discharge from eyes, nose	and mouth			IN	OUT	N/O N/A	Time a records		ublic health control (procedures /			
			Preventing Contamin									Consumer Advisory			
IN (OUT N/0)	Hands clean and properly was	shed			IN	OUT	N/A	Consumer advisory provided for raw or undercooked food					
IN (OUT N/0)	No bare hand contact with rea							Highly Susceptible Populations					
	approved alternate method pro				-	+			Pactor	ırizad	foods used, prohibited foods not				
IN C	IN OUT Adequate handwashing facilitie accessible					IN	OUT	N/O N/A	A offered						
IN (OUT		Approved S				INI	OUT	N/A	Food o	dditiv	Chemical res: approved and properly used			
	Food received at prepar terms					1	OUT	Toxic substances properly identified, stored used				i			
IN (TUC		Food in good condition, safe a									nance with Approved Procedures			
IN (IN OUT N/O N/A Required records available: shells destruction		nelistock tags, parasite			IN	OUT	N/A Compliance with approved Specialize and HACCP plan				•			
			Protection from Co				┨								
IN (DUT	N/A	Food separated and protected				The letter to the left of each item inspection.			t each ite	em in	dicates that item's status at the time	of the		
IN (TUC	N/A	Food-contact surfaces cleane					IN = in compliance				OUT = not in compliance			
IN	OUT N/)	Proper disposition of returned reconditioned, and unsafe for				N/A = not applicable COS=Corrected On Site				е	N/O = not observed R=Repeat Item			
			,		OOD RE	TAIL	PRAC	TICES							
IN	OUT		Good Retail Practices are prev		ontrol the	e intro		of path	nogens, ch			•	COS	I D	
IIN	001	Paste	Safe Food and Wa urized eggs used where require		COS	K	IN	001	In-use u			er Use of Utensils rly stored	COS	R	
			and ice from approved source						Utensils	, equipm		nd linens: properly stored, dried,			
			Food Temperature Co	ontrol			1		handled Single-u		e-serv	rice articles: properly stored, used			
			ate equipment for temperature	control						Gloves used properly					
			ved thawing methods used nometers provided and accurate	,			1		Food ar	Utensils, Equipment and Vo		equipment and Vending ntact surfaces cleanable, properly			
		mem	·						designe	d, constr	ucted	l, and used			
			Food Identification	n					Warewa strips us		cilities	s: installed, maintained, used; test			
		Food	properly labeled; original contain	ner							surfa	aces clean			
		Incode	Prevention of Food Conta						hysical Facilities						
<u> </u>	Insects, rodents, and animals not present Contamination prevented during food prepara					+					ailable; adequate pressure oper backflow devices		+		
and display					_					·					
Personal cleanliness: clean outer clothing, l fingernails and jewelry		ning, nair restraint,				Sewage and wastewater properly dispose			, .						
	Wiping cloths: properly used and stored							Toilet fa	cilities: p	rope	ly constructed, supplied, cleaned				
-	Fruits and vegetables washed before use			Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean											
Pers	on in Ch	arge /T	itle:	2.1.					, 0.34		Date				
	4		Mise (Tuy (M		1-	Jan-1	h'	Les	0.11				\ I -	
inspe	ector:	- Offer	Down & Main 7 Z	// U		lie	eepno	ne No	. EPH	S No.		ow-up: Yes ow-up Date:	Γ	No	



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

FOOD	FSTARI	ISHMENT	INSPECT	ION RF	PORT
OOD			11101 E01		

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ESTABLISHMEN	TNAME	ADDRESS		CITY/ZIF)		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT	Γ/ LOCAT	ION	TEMP. ir	ı°F
Code		PRIORITY	ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 7	on to an acceptable level, hazards 2 hours or as stated.	associate	d with foodborne illness	(date)	
							7
							i A-
Code Reference	Core items relate to general sanitation	CORE IT	structures, equipment design, ger	neral maint	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOF	s). These items are to be corre	cted by the next regular inspect	tion or as	stated.		iDT
							10-1
							12
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							101
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							A
							∽
							12
		EDUCATION PROV	IDED OR COMMENTS				
Person in Ch	narge /Title:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Date:		
	Mense Of	rylar	Telephone No.	PHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	altyn Bont Manie Z	DISTRIBUTION: WHITE - OWNER'S CO			Follow-up Date:		F6 37A



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS			CITY/ZII	CITY/ZIP			
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	n°F FOOD PRODUCT/ LOCATION				TEMP. in ° 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 with	eduction to an ac thin 72 hours o	ceptable level, haza r as stated.	ards associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOI	n, operational controls, faciliti	RE ITEMS ies or structures, corrected by th	equipment design, e next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			-					A	
								7	
								7	
								7	
		EDUCATION F	PROVIDED OF	R COMMENTS					
Person in Ch	arge /Title: Canise C	Tuylor				Date:			
Inspector:		mas		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