

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 INSPE	TION THIS DAY, THE ITEMS NOT	RIOD OF TIME AS MA	AY BE SPEC	CIFIED IN	N WRITI	ING BY T	HE RE	GULA	TORY AUTHORITY. F			
ESTABLISHMENT N	FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT AME: OWNER:				IN CESSATION OF YOUR FOOD OP				PERATIONS. PERSON IN CHARGE:			
ADDRESS:	ESTABLISHME			IMENT I	NUMBER: COUNTY:							
CITY/ZIP:	CITY/ZIP: PHONE:			FAX:	FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		.I IMER F.P.		ROCER	RY STOR	E		STITUTION MP.FOOD	MOBILE	VENDC	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disa License No.	SEWAGE DISPOSA PUBLIO PRIVA	UBLIC COMMUNITY			NON-COMMUNITY PRIVATE Date Sampled Results _							
License No.		RISK FACT		INTER	RVENTI	IONS						
	preparation practices and employed eaks. Public health interventions							ontrol a	and Prevention as con	tributing fac	ctors in	
Compliance	Demonstration of Kn				npliance	or injury		Po	otentially Hazardous Fe	oods	C	OS R
IN OUT	Person in charge present, demo- and performs duties	nstrates knowledge,		IN C	DUT N	/O N/A	Prope	er cook	ing, time and tempera	ture		
	Employee Hea			IN C		/O N/A			eating procedures for h			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction			IN C		/O N/A I/O N/A			ng time and temperatu olding temperatures			
	Good Hygienic Pra	actices			DUT	N/A	Prope	er cold	holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose ar		 	IN (I/O N/A			marking and disposition with the marking and disposition with the marking and			
IN OUT N/O				IN C	DUT N	/O N/A	recor					
IN OUT N/O	Preventing Contamination Hands clean and properly washe			IN (DUT	N/A			Consumer Advisory dvisory provided for ra			
IN OUT N/O	No bare hand contact with ready				undercoo				hly Susceptible Popula	ations		
IN OUT	approved alternate method proportion Adequate handwashing facilities accessible			IN C	IN OUT N/O N/A Pasteurize offered				foods used, prohibited	foods not		
	Approved Soul	ce		+			Ollere	Ju	Chemical			
IN OUT	Food obtained from approved source			IN C	IN OUT N/A			ood additives: approved and properly used oxic substances properly identified, stored and				
	N/O N/A Food received at proper temperature			IN C			used	SUDSTA	ances properly identifie	ed, stored a	na	
IN OUT	r ood in good condition, care and and						Conformance with Approved Procedures pliance with approved Specialized Process					
IN OUT N/O N/A	OUT N/O N/A Required records available: shellstock tags, parasite destruction Protection from Contamination							nd HACCP plan				
IN OUT N/A	Food separated and protected	ammadon		The letter to the left of each item indicates that item's status at the time of the								:
IIV 551 IV/A I I I			+	inspection.								
Dropper disposition of returned proviously served				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item								
	010.1.101		OD RETAIL						h distribution for the form	. 4.		
IN OUT	Good Retail Practices are prevent Safe Food and Water		COS R	IN	of patho	gens, cn	emicais		onysical objects into to er Use of Utensils	oas.	COS	B R
Paste	urized eggs used where required				-			proper	rly stored			
Water	and ice from approved source					Utensils handled		ment a	nd linens: properly sto	red, dried,		
	rol							rice articles: properly s	tored, used			
	uate equipment for temperature co			$+\Box$		Gloves (guipment and Vanding			
	ved thawing methods used nometers provided and accurate				-	Food an			quipment and Vending ntact surfaces cleanab			
	<u> </u>					designed	d, cons	tructed	, and used			
Food Identification						Warewa strips us	ewashing facilities: installed, maintained, used; test sused					
Food properly labeled; original container					Nonfood-contact surfaces clean							
Insect	Prevention of Food Contamination nsects, rodents, and animals not present				Physical Facilities Hot and cold water available; adequate pressure							
Conta	Contamination prevented during food preparation, storage								oper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint,				Sewage and wastewater properly disposed								
fingernails and jewelry Wiping cloths: properly used and stored					+	Toilet fa	cilities:	proper	ly constructed, supplie	d, cleaned	+	
	and vegetables washed before us	е		Garbage/refuse properly disp			rly disposed; facilities	maintained				
Person in Charge /T	itle: 14.1 \(\hat{\Lambda} = \hat{\Lambda}\)					Physical	ı tacilitie	es insta Date	alled, maintained, and	ciean		
i croom in Charge / I	W. KATHERO							Date	••			
Inspector: /w/	la Binay		Te	elephon	e No.	EPH	S No.		ow-up: ow-up Date:	Yes		No
MO 580-1814 (9-1 2)		DISTRIBUTION: WHITE -	- OWNER'S COP	Υ	С	ANARY – FI	LE COPY		up Date.			E6.37



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

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TEMP. in ° F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reductic E IMMEDIATE ACTION within 7	ITEMS on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
							*	
							\$	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE IT, operational controls, facilities or s). These items are to be corre	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
							\$	
							*	
							*	
							*	
							*	
							\$	
		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	arge /Title: LLL 0200				Date:			
Inspector:	Jayla Brady		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	