

## 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	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	N WRI	TING BY 1	THE REGI	ACILITIES WHICH MUST BE CORREULATORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED II ESTABLISHMENT NAME:			OWNER:						OKT OOL	PERSON IN CHARGE:				
ADDRESS:			<b>-</b>	ESTABLISHMENT				HMENT	NUMBE	COUNTY:				
CITY/ZIP:			PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L		
			ELI IMMER F	GROCERY STORE MER F.P. TAVERN				!E	INSTITUTION MOBILE VENDORS TEMP.FOOD					
PURPO:	SE re-openi	ng	Routine Follow-u	p Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPOS	BLIC COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results					
	License	No		PRIV		AND	INITE		TIONO	Date	Tresuits			
Diels fe	-1	o food n	veneration practices and appl	RISK FAC						Can	trol and Prevention as contributing fact	ara in		
foodbo	rne illnes		eaks. <b>Public health interventi</b>		es to pre	event f	oodbor	ne illne	ss or injury		illor and Prevention as contributing fact	JIS III		
Complia	nce		Demonstration o		COS	R	R Compliance			Potentially Hazardous Foods			S R	
IN O	UT		Person in charge present, demonstrates knowledge, and performs duties				IN	IN OUT N/O N/A		Proper cooking, time and temperature				
INI a			Employee				IN		N/O N/A		reheating procedures for hot holding			
	UT UT		Management awareness; po Proper use of reporting, restr				_		N/O N/A N/O N/A		cooling time and temperatures hot holding temperatures			
			Good Hygienic	Practices			IN	OUT	N/A	Proper of	cold holding temperatures			
	UT N/O		Proper eating, tasting, drinking No discharge from eyes, nos		-				N/O N/A		date marking and disposition s a public health control (procedures /			
IN O	UT N/C	)	,				IN	OUT	N/O N/A	records	)			
IN O	Preventing Contamination IN OUT N/O Hands clean and properly washed					IN	OUT			Consumer Advisory ner advisory provided for raw or boked food				
IN O	UT N/C	)	No bare hand contact with re				1			underco	Highly Susceptible Populations			
approved alternate method		approved alternate method p Adequate handwashing facili				N/O N/A	Pasteurized foods used, prohibited foods not							
accessible Approved Source		Source			+"		100 1071	offered	Chemical					
IN O	IN OUT		Food obtained from approved source				IN OUT N/A		N/A		dditives: approved and properly used			
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT			Toxic substances properly identified, stored and used				
IN O	IN OUT		Food in good condition, safe and unadulterated  Required records available: shellstock tags, parasite				Com				Informance with Approved Procedures	formance with Approved Procedures nce with approved Specialized Process		
IN O	IN OUT N/O N/A Required records available: shell destruction			0 71		IN OUT N/A		N/A	and HA	5				
			Protection from C							£ l- :4		41		
IN O		N/A	Food separated and protected				The letter to the left of inspection.  IN = in compliar  N/A = not applic  COS=Corrected			r each iter	m indicates that item's status at the time	e or the		
IN O	UT	N/A	Food-contact surfaces clean											
IN o	UT N/C	)	Proper disposition of returned, previously served, reconditioned, and unsafe food											
					OOD RE	TAIL	PRACT	TICES						
181	OUT		•						nogens, ch		and physical objects into foods.	COS		
IN	001	Safe Food and Water Pasteurized eggs used where required			cos	R	IN	OUT	In-use u		Proper Use of Utensils roperly stored	COS	R	
			r and ice from approved source						Utensils	, equipme	ent and linens: properly stored, dried,			
			Food Temperature C	Control					handled Single-u	use/single-service articles: properly stored, used				
			ate equipment for temperature					Gloves used properly		erly				
		Approved thawing methods used Thermometers provided and accurate					-		Food on		ils, Equipment and Vending d-contact surfaces cleanable, properly			
		mem	iometers provided and accurat	е				designed, constru		d, constru	icted, and used			
			Food Identification	on					Warewa strips us	ashing facilities: installed, maintained, used; test sed				
		Food	properly labeled; original conta						Nonfood-contact su					
		Insect	Prevention of Food Cont s, rodents, and animals not pre						Hot and	cold wate	Physical Facilities er available; adequate pressure			
		Contamination prevented during food pre									d; proper backflow devices	1		
	and display  Personal cleanliness: clean outer clothing fingernals and jewelry  Wising detha; properly used and stored			othing, hair restraint.			1		Sewage	e and wastewater properly disposed			1	
							<u> </u>		Ū				1	
Wiping cloths: properly used and stored Fruits and vegetables washed before use					1				operly constructed, supplied, cleaned roperly disposed; facilities maintained					
			·								installed, maintained, and clean			
Perso	n in Ch	arge /T	itle:							1	Date:			
Inspec	ctor: <sub>//</sub>	stilim) !	Record Pura Marka			Те	lepho	ne No	. PHE		Follow-up: Yes	1	No	
I	nspector: Latyn Pecux Puja Maly							1		Follow-up Date:				



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

COO	<b>ESTABL</b>	ISHMENT	INSPECTION	REPORT
OOD			HINDI ECHON	

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction E IMMEDIATE ACTION within 7	on to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
	,,,						mζ	
							11	
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 stated.	Correct by (date)	Initial	
		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	narge /Title: næmel 2	 2			Date:			
	Latelyn Record Puzz Marky		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	