

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

TIME IN	TIME OUT				
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		CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF									AILURE TO	COMPL	Y
			OWNER:						PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT NUMBE			NUMBER	: COUNTY:			
CITY/ZIP: PHONE			PHONE:			FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMEN' BAKERY	T TYPE	C. STORE CATE	RER DE	ELI		(GROCE	RY STOR	E	INSTITUTION	MOBILE V	ENDORS	s
RESTAU	RANT			IMMER	F.P.		AVERN			TEMP.FOOD			
PURPOSE Pre-openi	ng	Routine Follow-up	Complaint	Oth	ner								
FROZEN DE	SSERT	•	SEWAGE DISPO				UPPL	1					
Approved		approved Not Applicable	PUBL PRIV	_	(COMN	(UNIT	Y		DMMUNITY ampled	PRIVATE Results		
License	No		RISK FA		AND	INTE	RVEN ⁻	TIONS			-		
Risk factors a	re food p	preparation practices and emplo	yee behaviors most co	mmonly	reporte	ed to th	ne Cent	ers for Dis	ease Contr	rol and Prevention as conti	ributing facto	rs in	
	ss outbre	eaks. Public health intervention		res to pre				_ , ,	/.	Bata Call Handa a Fr		COS	
Compliance		Demonstration of Person in charge present, der	•		5 K	·		Potentially Hazardous Foods Proper cooking, time and temperature			COS	S R	
IN OUT		and performs duties		'									
IN OUT		Employee F Management awareness; poli				IN (N/O N/A		eheating procedures for he poling time and temperatur			
IN OUT		Proper use of reporting, restri						N/O N/A		ot holding temperatures	ies		
		Good Hygienic	Practices				OUT	N/A	Proper co	old holding temperatures			
IN OUT N/C		Proper eating, tasting, drinking No discharge from eyes, nose				IN	OUT	N/O N/A		ate marking and disposition a public health control (pro			_
IN OUT N/C)	No discharge from eyes, nose	and modul			IN	OUT	N/O N/A	records)	a public fleatiff control (pro	icedules /		
		Preventing Contamin								Consumer Advisory			
IN OUT N/C)	Hands clean and properly was	shed			IN	OUT	N/A	undercoc	er advisory provided for rav oked food	w or		
IN OUT N/C)	No bare hand contact with rea								Highly Susceptible Popula	itions		
		approved alternate method pr Adequate handwashing facilit							Pasteuriz	zed foods used, prohibited	foods not		
IN OUT		accessible	ез заррпеа а			IN (OUT I	N/O N/A	offered	zea 100as usea, prombitea	10003 1101		
IN OUT		Approved S					OUT			Chemical			
	O N/A	Food obtained from approved Food received at proper temp					OUT	N/A	N/A Food additives: approved and properly used Toxic substances properly identified, stored a		erly used d. stored and	ı	
	J N/A					IN	OUT		used				
IN OUT Food in good condition, safe and un					Complian				ormance with Approved Punce with approved Speciali				
IN OUT N/O N/A Required records available: shellstock destruction		nelistock tags, parasite	;		IN	OUT	N/A	and HAC		izeu Fiocess	'		
		Protection from Co				1							
IN OUT	N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the tir inspection.					s at the time	of the	
IN OUT N/A Food-contact surfaces cleaned & sanitize		d & sanitized			IN = in compliance				OUT = not in compliance				
IN OUT N/O Proper disposition of returned, previously served						N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item							
		reconditioned, and unsafe foo		OOD RI	ETAIL F	PRACT				Tr. Hopour Hom			
		Good Retail Practices are prev						ogens, ch	emicals, ar	nd physical objects into foc	ods.		
IN OUT		Safe Food and Wa		COS R		IN	OUT	laa a	Proper Use of Utensils			cos	R
		eurized eggs used where required er and ice from approved source							utensils: properly stored ls, equipment and linens: properly stored, dried,		ed. dried.		
								handled	, , ,				
	Adeni	Food Temperature Co late equipment for temperature							ise/single-s used prope	service articles: properly st	ored, used		
		ved thawing methods used	CONTROL			1		Cioves		s, Equipment and Vending			
	Therm	nometers provided and accurate	;							-contact surfaces cleanable	e, properly		
		Food Identification	n							ted, and used ties: installed, maintained,	used: test		
								strips us	ed				
	Food	properly labeled; original contain Prevention of Food Contain				1		Nonfood		urfaces clean Physical Facilities			1
	Insect	s, rodents, and animals not pres				1		Hot and	t and cold water available; adequate pressure				
	Conta	amination prevented during food preparation, store								proper backflow devices			
		d display ersonal cleanliness: clean outer clothing, hair restraint				+		Sewage	and waste	water properly disposed			+
	fingernails and jewelry							, i	Sewage and wastewater properly disposed				
	Wiping cloths: properly used and stored Fruits and vegetables washed before use			1		Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained				1			
		-	uoc			t				nstalled, maintained, and c			1
Person in Ch	arge /T	itle: KB700 all	san e 2							ate:			
Inspector:	nul	itle: KBreedl Blady			Те	lepho	ne No.	EPH		ollow-up:	Yes	N	10
MO 580-1814 (9 / 13)	<u>wyw(</u>	.vnaay-	DISTRIBUTION: WHITE	E – OWNER	R'S COPY	,		CANARY – FI		ollow-up Date:			E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

FOOD ESTABLISHMENT INSPECTION REPORT	

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ESTABLISHMENT NAME	E	ADDRESS		CITY/ZIF	CITY/ZIP			
FOOD PI	RODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	 CT/ LOCAT	ION	TEMP. in ° F		
Code Reference Priori or inj	ity items contribute directly	PRIORIT y to the elimination, prevention or redu RECEIVE IMMEDIATE ACTION within	TY ITEMS ction to an acceptable level, hazard n 72 hours or as stated.	ds associated	d with foodborne illness	Correct by (date)	Initial	
						Correct by	Initial	
Code Reference Core stand	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.							
			OVIDED OR COMMENTS				KB KB	
Person in Charge	/Title:	3 redlone			Date:			
Inspector:	ylor Brady	DISTRIBUTION: WHITE_OWNER'S		EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374	