

## 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 INSPECTION, OR SUCH SHORTER PERI WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:					N OF YOU	UR FOOD OF				
				ESTABLISHMENT NUMBER:						
ADDRESS:	PHONE:	BUONE				NUMBER:	COUNTY:			
			FAX:					P.H. PRIORITY : H	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERER SCHOOL SENIOR		i Mer F.P.		GROCEF	RY STOR		ISTITUTION MOBILE EMP.FOOD	VENDOF	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other							
FROZEN DESSER Approved Dis License No.	T Sapproved Not Applicable	EWAGE DISPOS PUBLIC PRIVA		ATER S COMN	UPPLY IUNITY		NON-CON Date Sam		TE ts	
		RISK FACT		D INTE	RVENT	IONS				
Risk factors are food	preparation practices and employee reaks. Public health interventions	behaviors most com	monly rep	orted to th	ne Cente	rs for Dis	ease Control	and Prevention as contributing fa	ctors in	
Compliance	Demonstration of Kn		COS		mpliance	s or nijury		otentially Hazardous Foods	CC	SC
IN OUT	Person in charge present, demor and performs duties	istrates knowledge,		IN (	OUT N	/O N/A	Proper cool	king, time and temperature		
ΙΝ Ουτ	Employee Hea			IN (		/O N/A		eating procedures for hot holding		
IN OUT	Management awareness; policy proper use of reporting, restriction							per cooling time and temperatures		
IN OUT N/O	Good Hygienic Pra Proper eating, tasting, drinking or				IN OUT N/A IN OUT N/O N/A		Proper cold holding temperatures			
IN OUT N/O	No discharge from eyes, nose an					1/0 N/A	Time as a p	public health control (procedures /		
	Preventing Contamination	n by Hands			001 1		records)	Consumer Advisory		
IN OUT N/O	Llanda alaan and preparly weahad			IN	OUT	N/A Consumer undercook		advisory provided for raw or		
IN OUT N/O No bare hand contact with ready-t approved alternate method proper								ighly Susceptible Populations		
IN OUT	Adequate handwashing facilities accessible		IN OUT N/O N/A			/O N/A	Pasteurized foods used, prohibited foods not offered			
Approved Source							ollered	Chemical		
IN OUT			IN OUT		N/A	N/A Food additives: approved and properly used Toxic substances properly identified, stored a		and		
IN OUT N/O N/A				IN	OUT		used			
	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasit			IN OUT N/A Cor			Conformance with Approved Procedures ompliance with approved Specialized Process			
IN OUT N/O N/A	destruction Protection from Conta	mination			001	N/A	and HACCI	P plan		
IN OUT N/A	Food separated and protected			-		the left of	f each item in	dicates that item's status at the til	me of the	
IN OUT N/A	East and the factor of a second and the second s			IN = in compliance			ance	OUT = not in compliance		
IN OUT N/O	Proper disposition of returned, pr				N/A =	not appli		N/O = not observed		
	reconditioned, and unsafe food		OD RETA	L PRACT		-Conecie	d On Sile	R-Repeat tiell		
	Good Retail Practices are preventa	ative measures to cor	trol the int	roduction	of patho	ogens, ch				
IN OUT Paste	Safe Food and Water eurized eggs used where required		COS F	IN	OUT	In-use u	Prop tensils: prope	er Use of Utensils	COS	R
	er and ice from approved source					Utensils	, equipment a	and linens: properly stored, dried,		
	Food Temperature Contr	ol				handled Single-u		vice articles: properly stored, use	d	_
	uate equipment for temperature cor						used properly	· · · · ·		
	oved thawing methods used mometers provided and accurate			_		Food an		Equipment and Vending Intact surfaces cleanable, properly		
The	nometers provided and accurate					designe	d, constructed	d, and used		
	Food Identification					Warewa strips us		s: installed, maintained, used; tes	it	
Food	properly labeled; original container						l-contact surfa			
Inser	Prevention of Food Contamin ts, rodents, and animals not presen			_		Hot and		ysical Facilities allable; adequate pressure		_
	amination prevented during food pre-							roper backflow devices		-
and	display onal cleanliness: clean outer clothing, hair restraint,						•	ater properly disposed		+
finge	rnails and jewelry	, <u></u> ,				0				
Wiping cloths: properly used and stored Fruits and vegetables washed before use		9						rly constructed, supplied, cleaned erly disposed; facilities maintained		
. 1010	÷							alled, maintained, and clean		
							Det			
Person in Charge /	Title:	dock annual					Dat	e:		
General Man	Title: ager not present to sign - <del>Janaas</del> Aauloa Baan	• •		Felephor	ne No.	EPH	S No. Foll	e: ow-up: Yes ow-up Date:		No



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

ESTABLISHMENT NAME       ADDRESS       CITY/ZIP         FOOD PRODUCT/LOCATION       TEMP. in ° F       FOOD PRODUCT/ LOCATION         Image: Code Reference       Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness	TEMP. in	n ° F
Code PRIORITY ITEMS	Correct by	
Code PRIORITY ITEMS Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level. hazards associated with foodborne illness	Correct by (date)	Initial
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Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness.	(date)	initial
Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.		
Code CORE ITEMS	Correct by	Initial
Reference 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.	(date)	mua
EDUCATION PROVIDED OR COMMENTS		
Person in Charge /Title: Date:		
Person in Charge /Title: General Manager not present to sign - desk approved Inspector: Date: D	Yes	No
Mo 580-1814 (9-13) Distrigozion: white - owner's copy CANARY - File COPY	.00	E6.37A



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F.	DOD ESTABLISHMENT IN	ISPECTION REPORT			PAGE <sup>3</sup> of		
ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIF	2		
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/ L			ION	TEMP. ir	۱°F
						_	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	PRIORITY I elimination, prevention or reduction /E IMMEDIATE ACTION within 72	TEMS to an acceptable level, haza hours or as stated.	irds associated	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or s	tructures, equipment design.	general maint	enance or sanitation	Correct by (date)	Initial
			ted by the next regular hisp				
			DED OR COMMENTS				
		EDUCATION PROVI	DED OK COMMENTS				
Person in Ch	arge /Title: eneral Manager not present	to sign - desk approved			Date:		
Inspector:	F Thomas Manilon	Bindy	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-1 <b>8</b> )		DISTRIBUTION: WHITE - OWNER'S COP	PY CANARY – FILE C	OPY	. 51011 up Duto.		E6.37A