

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 INSPECT WITH ANY TIME LIMITS	TION THIS DAY, THE ITEMS NOTE CTION, OR SUCH SHORTER PERI FOR CORRECTIONS SPECIFIED	OD OF TIME AS MA	AY BE S	PECI	FIED I	N WRI	TING BY T	HE REGULA	ATORY AUTHORITY. FAILU PERATIONS.	URE TO C		
ESTABLISHMENT N	OWNER:					PERSON IN CHARGE:						
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBER:	COUNTY:				
CITY/ZIP:		PHONE:			FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERER SCHOOL SENIOR C		.I IMER F.F	P.		GROCE	RY STOR		NSTITUTION MO EMP.FOOD	OBILE VE	NDOR	3
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other	r								
FROZEN DESSERT Approved Disa License No.	approved Not Applicable	EWAGE DISPOS PUBLIC PRIVA	2			UPPLY IUNIT				RIVATE Results _		
		RISK FAC		ND I	INTE	RVEN	TIONS					
Risk factors are food p	reparation practices and employee eaks. Public health interventions	behaviors most com	monly re	eporte	d to th	ne Cent	ers for Dis	ease Control	and Prevention as contribut	ting factor	s in	_
Compliance	Demonstration of Kno		COS	R		mpliance			Potentially Hazardous Foods	;	COS	S
IN OUT	Person in charge present, demons and performs duties	strates knowledge,			IN (I TUC	N/O N/A	Proper coo	king, time and temperature			
	Employee Healt				IN (N/O N/A		neating procedures for hot ho	olding		
IN OUT IN OUT	Management awareness; policy p Proper use of reporting, restriction				IN (I TUC	N/O N/A		ling time and temperatures holding temperatures			_
	Good Hygienic Prac	tices			IN	OUT	N/A	Proper colo	d holding temperatures			—
IN OUT N/O IN OUT N/O	Proper eating, tasting, drinking or No discharge from eyes, nose and					<u>оит</u> оит і	Time as a n		e marking and disposition public health control (proced	lures /		-
	Preventing Contamination	h by Hands				001 1	N/O IN/A	records)	Consumer Advisory		_	_
IN OUT N/O	Hands clean and properly washed							Consumer advisory provided for raw or			T	
IN OUT N/O	No bare hand contact with ready-t approved alternate method proper						undercooked food Highly Susceptible Populations		IS			
IN OUT	Adequate handwashing facilities supplied &							Pasteurized foods used, prohibited foods not offered				
	accessible Approved Source	e						Ullered	Chemical			-
IN OUT					Toxio o			ditives: approved and properly used bstances properly identified, stored and			_	
					used			used	ed			
IN OUT	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite				Complian			mance with Approved Proce e with approved Specialized			-	
IN OUT N/O N/A	N/A destruction Protection from Contamination				IN OUT N/A and HAC			and HACC	CP plan			
IN OUT N/A	Food separated and protected	Innation			The	letter to	the left o	f each item ir	ndicates that item's status at	the time	of the	
IN OUT N/A					inspection. IN = in compliance			ance	OUT = not in compliance			
IN OUT N/O				N/A = not applicable N/O = not observed								
	reconditioned, and unsafe food		OD RET	All P	RACT		=Conecte		R=Repeat Item			
	Good Retail Practices are preventa	tive measures to cor	ntrol the i		uction	of path	ogens, ch	emicals, and	physical objects into foods.			
IN OUT Paster	Safe Food and Water urized eggs used where required		COS	R	IN	OUT	In-use u	Prop tensils: prope	per Use of Utensils		COS	R
	and ice from approved source						Utensils	, equipment a	and linens: properly stored, o	dried,		
	Food Temperature Contro	bl					handled Single-u	andled ingle-use/single-service articles: properly stored, use				-
	ate equipment for temperature cont	irol					Gloves	used properly				
	ved thawing methods used ometers provided and accurate						Food an	Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used Warewashing facilities: installed, maintained, used; test strips used				-
	Food Identification											-
							strips us					
Food	Food properly labeled; original container Prevention of Food Contamination Insects, rodents, and animals not present Contamination prevented during food preparation, storage						Nonfood-contact surfaces clean Physical Facilities					-
							Hot and cold water available; adequate pressu Plumbing installed; proper backflow devices					F
and di	splay							•				<u> </u>
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					L		Sewage and wastewater properly disposed Toilet facilities: properly constructed, supplied, clear Garbage/refuse properly disposed; facilities mainta					
Wiping	Wiping cloths: properly used and stored Fruits and vegetables washed before use											\square
						Carbage/refuse properly disposed; facilities mainta Physical facilities installed, maintained, and clean						
Person in Charge /T	itle: Bong - And							Dat	te:			
Inspector:	Amas Som from	-		Tele	epho	ne No.	EPH		low-up: Ye	es	Ν	١o
MO 580-1814 (9-13)	Tringe the com	DISTRIBUTION: WHITE -	- OWNER'S	COPY			CANARY - F		low-up Date:			E6.3



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	
FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT/ LOCATION	
	TEMP. in ° F
Code PRIORITY ITEMS Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with food	Correct by Initial
Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with food or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Iborne illness (date)
Code CORE ITEMS Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or	sanitation (date) Initial
standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	
	3H
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	3H
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EDUCATION PROVIDED OR COMMENTS	
Person in Charge /Title: Bound Atmon Inspector: Telephone No. EPHS No. Follow- Follow-Follow-	
Inspector: Telephone No. EPHS No. Follow-	up: Yes No



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ABCCEX					PAGE ³ of		
ESTABLISHMEN	TNAME	ADDRESS	2				
FO	DD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ I			TEMP. in ° F	
Code		PRIORITY IT	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	rds associated	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	CORE ITE n, operational controls, facilities or st Ps). These items are to be correct	tructures, equipment design, g	general mainte ection or as	enance or sanitation stated.	Correct by (date)	Initial
							BH
							BH
							ЗH
		EDUCATION PROVI	DED OR COMMENTS				
				-	-		
Person in Ch	large /Title:	m & Hanson			Date:		
MO 580-1814 (9-13)	arge /Title: Br	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A

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