

## 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  | CTION, OR SUCH SHORTER PE  | RIOD OF TIME AS MA                               | AY BE SPE     | CIFIED I   | N WRIT   | ING BY T  | HE REGUL   | CILITIES WHICH MUST BE CORRELATORY AUTHORITY. FAILURE TO                     |        |       |
|---|--|--|---------------|--|--|---|--|--|--------|-------|
| ESTABLISHMENT   | OWNER:   | IN THIS NOTICE MAY RESULT IN CI<br>OWNER:        |               |  | N OF YO  |   | PERSON IN CHARGE:  |  |        |       |
| ADDRESS:  |  | I  |               |  | HMENT  | NUMBER:   | COUNTY:  |  |        |       |
| CITY/ZIP:   | PHONE:   | PHONE:   |               |  |  |   | P.H. PRIORITY : H  | М  | L      |       |
| ESTABLISHMENT TYPE<br>BAKERY<br>RESTAURANT                              | C. STORE CATERE<br>SCHOOL SENIOR   |  | l<br>MER F.P. |  | GROCE  | RY STOR   |  | INSTITUTION MOBILE V<br>TEMP.FOOD  | 'ENDOF | RS    |
| PURPOSE<br>Pre-opening  | Routine Follow-up  | Complaint  | Other _       |  |  |   |  |  |        |       |
| FROZEN DESSERT<br>Approved Dis  | PUBLIC   | EWAGE DISPOSAL WATER S<br>PUBLIC COMM<br>PRIVATE |               |  |  |   | MMUNITY PRIVATE ppled Results  |  |        |       |
|   |  | RISK FACT  |               | D INTE   | RVENT  | IONS  |  |  |        |       |
| Risk factors are food   | preparation practices and employe  | e behaviors most com                             | monly repo    | orted to th  | ne Cente   | ers for Dis   | ease Contro  | ol and Prevention as contributing fact                                       | ors in |       |
| toodborne illness outbr<br>Compliance                                   | eaks. Public health interventions Demonstration of Ki  |  |               |  | ne Illnes<br>mpliance                                |   |  | Potentially Hazardous Foods  | CC     | S R   |
| IN OUT  | Person in charge present, demo<br>and performs duties  | nstrates knowledge,                              |               | IN (   | OUT N  | I/O N/A   |  | ooking, time and temperature   |        |       |
| IN1   | Employee Hea   |  |               | IN (   |  | 1/0 N/A   |  | heating procedures for hot holding   |        |       |
| IN OUT<br>IN OUT  | Management awareness; policy<br>Proper use of reporting, restriction                           |  |               |  |  |   | Proper cooling time and temperatures<br>Proper hot holding temperatures              |  |        |       |
|   | Good Hygienic Pr   | actices  |               | IN   | OUT  | N/A   | Proper co  | ld holding temperatures  |        |       |
| IN OUT N/O  | Proper eating, tasting, drinking of No discharge from eyes, nose a                             |  |               |  | <u>1 TUO</u>   |   |  | ate marking and disposition<br>a public health control (procedures /         |        |       |
|   | Broughting Contominati   | on by Hondo                                      |               | IN   |  | N/O N/A   | records)   | Consumer Advisory  | _      |       |
| IN OUT N/O  | Preventing Contamination           N         OUT N/O           Hands clean and properly washed |  |               | IN   | OUT  | N/A   | Consume<br>undercool   | r advisory provided for raw or   |        |       |
| IN OUT N/O No bare hand contact with ready-t                            |  |  |               |  |  |   |  | Highly Susceptible Populations   |        |       |
| IN OUT Adequate handwashing facilities s<br>accessible                  |  |  |               | IN (   |  |   | Pasteurize<br>offered  | ed foods used, prohibited foods not  |        |       |
| Approved Source   |  |  |               |  |  |   | olicica  | Chemical   |        |       |
|   |  |  |               |  | Toy  |   |  | itives: approved and properly used<br>stances properly identified, stored an | 4      |       |
|   | N OUT N/O N/A Food received at proper temperatur   |  |               | IN   |  |   | used   | •••  | 4      |       |
| IN OUT  | Food in good condition, safe and<br>Required records available: she                            |  |               |  |  |   | Conformance with Approved Procedures<br>Compliance with approved Specialized Process |  |        |       |
| IN OUT N/O N/A  | destruction  | 0,11   |               | IN   |  |   |  | and HACCP plan   |        |       |
| IN OUT N/A  | Protection from Contamination Food separated and protected                                     |  |               | The letter to the left of each item indicates that item's status at the time |  |   |  |  |        |       |
| IN OUT N/A  | Food-contact surfaces cleaned & sanitized  |  |               | IN = in compliance OUT = not in compliance                                   |  |   |  |  |        |       |
| IN OUT NO Proper disposition of returned, previously                    |  |  |               | N/A = not applicable   |  |   | icable   | N/O = not observed   |        |       |
|   | reconditioned, and unsafe food   |  | OD RETAI      |  |  | =Correcte   | d On Site  | R=Repeat Item  |        |       |
|   | Good Retail Practices are preven   |  |               |  |  | ogens, ch   | emicals, an  | d physical objects into foods.   |        |       |
| IN OUT  | Safe Food and Water  | •  | COS R         | IN   | OUT  |   |  | oper Use of Utensils   | COS    | R     |
|   | Pasteurized eggs used where required<br>Water and ice from approved source                     |  |               |  |  |   |  | perly stored<br>t and linens: properly stored, dried,                        |        |       |
|   |  |  |               |  | handled  |   |  |  |        |       |
| Adequ   | Food Temperature Cont<br>uate equipment for temperature co                                     |  |               |  |  |   | ise/single-se<br>used proper   | ervice articles: properly stored, used<br>rly                                |        |       |
| Appro   |  |  |               |  |  | Utensils, Equipment and Vending   |  |  |        |       |
| Thern   |  |  |               |  |  | bod and nonfood-contact surfaces cleanable, properlesigned, constructed, and used                                     |  |  |        |       |
| Food Identification   |  |  |               |  |  |   | shing facilit  |  |        |       |
| Food  |  |  |               |  |  | nfood-contact surfaces clean  |  |  |        |       |
| Insect  | ination  |  |               |  | Hot and  |   | Physical Facilities  | -  |        |       |
| Conta   | eparation, storage   |  |               |  |  | t and cold water available; adequate pressure<br>umbing installed; proper backflow devices                            |  |  | 1      |       |
| and display Personal cleanliness: clean outer clothing, hair restraint, |  |  |               |  |  | Sewage  | and waster   | water properly disposed  |        |       |
| fingernails and jewelry<br>Wiping cloths: properly used and stored      |  |  |               | _  |  |   |  |  |        |       |
| Fruits and vegetables washed before use                                 |  |  |               |  |  | Toilet facilities: properly constructed, supplied, cleaned<br>Garbage/refuse properly disposed; facilities maintained |  |  |        |       |
|   |  |  |               |  | Physical facilities installed, maintained, and clean |   |  |  |        |       |
| Person in Charge /T   | Title: Jymzio MAM  |  |               |  |  |   | Da   | ate:   |        |       |
| Inspector: Katilyn Peart  |  |  | []            | Telephone No. Pl   |  |   |  | Follow-up: Yes No<br>Follow-up Date:   |        |       |
| MO 580-1814 (9-13)  |  | DISTRIBUTION: WHITE -                            | OWNER'S CO    | )PY  | (  | CANARY - FI   |  |  |        | E6.37 |



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

| FOOD ESTABLISHMENT INSPECTION REPORT |  |   |   |                                  |                               | PAGE <sup>2</sup> of |         |  |  |
|--------------------------------------|--|---|---|----------------------------------|-------------------------------|----------------------|---------|--|--|
| ESTABLISHMENT NAME ADDRESS           |  |   |   |                                  |                               |                      |         |  |  |
| FOOD PRODUCT/LOCATION                |  | TEMP. in ° F  | FOOD PRODUCT  | / LOCATIO                        | TEMP. ir                      | ۱°F                  |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
| Code                                 |  | PRIORITY ITE  | MS  |                                  |                               | Correct by           | Initial |  |  |
| Reference                            | Priority items contribute directly to the<br>or injury. These items MUST RECEI | e elimination, prevention or reduction to VE IMMEDIATE ACTION within 72 h                 | o an acceptable level, hazards<br>ours or as stated.            | associated w                     | ith foodborne illness         | (date)               | milai   |  |  |
|                                      | ,  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
| Code                                 |  | CORE ITEM   | IS  |                                  |                               | Correct by           | Initial |  |  |
| Reference                            | Core items relate to general sanitatio standard operating procedures (SSO      | n, operational controls, facilities or stru<br>Ps). <b>These items are to be correcte</b> | uctures, equipment design, ger<br>d by the next regular inspect | neral maintena<br>tion or as sta | ance or sanitation<br>Ited.   | (date)               |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
|                                      |  | EDUCATION PROVID  | ED OR COMMENTS  |                                  |                               |                      |         |  |  |
|                                      |  |   |   |                                  |                               |                      |         |  |  |
| Person in Charge /Title: Jume MM     |  |   |   |                                  |                               |                      |         |  |  |
| Inspector:                           | tily Read  |   | Telephone No. PI  | HES No. F                        | Follow-up:<br>Follow-up Date: | Yes                  | No      |  |  |
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