

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 PERIOD OF TIME AS MAY BE WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY REESTABLISHMENT NAME: OWNER:				SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY SULT IN CESSATION OF YOUR FOOD OPERATIONS. PERSON IN CHARGE:										
ADDRESS:					ESTABLISHMENT NUMBER:				ER:	COUNTY:				_
CITY/ZIP:	PHONE:				FAX:					P.H. PRIORITY :	Н	М	L	_
ESTABLISHMENT TYPE BAKERY C. STORE	CATERER	DEL					ERY STO	RE		STITUTION	MOBILE	VENDOF	RS	_
RESTAURANT SCHOOL PURPOSE Pre-opening Routine	SENIOR CEN	Complaint	MER F.F		<u> </u>	AVER	IN		IE	MP.FOOD				_
FROZEN DESSERT	'.	VAGE DISPOS				UPPL	.Y							_
Approved Disapproved Not A License No.	pplicable	PUBLI PRIVA		C	COMN	IUNIT	Υ			MUNITY pled	PRIVAT Results	E s		
License No.		RISK FAC		ND	INTE	RVEN	ITIONS							
Risk factors are food preparation practices foodborne illness outbreaks. Public health									ontrol	and Prevention as con	tributing fac	tors in		_
	enstration of Knowle		COS	R		mplianc		iry.	Po	otentially Hazardous F	oods	CC	OS F	3
Person in charge	present, demonstra	•			INI	OLIT	N/O N/	Δ Prope		king, time and tempera				_
and periorns duti	es Employee Health			-			N/O N/		ar rohe	eating procedures for h	not holding			_
	reness; policy pres	ent					N/O N/			ing time and temperatu		_		_
IN OUT Proper use of rep	orting, restriction ar	nd exclusion					N/O N/	A Prope	er hot h	nolding temperatures				
	od Hygienic Practic ting, drinking or tob					OUT	N/O N/			holding temperatures marking and disposition	nn .	$-\!\!+\!\!\!-$		_
	n eyes, nose and m							Timo		ublic health control (pr				-
114 001 14/0					IIN	001	N/O N/	A recor	ds)					_
Hands clean and	ig Contamination by	y Hands						Cons	umer a	Consumer Advisory advisory provided for ra				_
IN OUT N/O	,				IN	OUT	N/	AI	rcooke	d food				
	tact with ready-to-e e method properly								Hig	ghly Susceptible Popula	ations			
	shing facilities sup				IN	OUT	N/O N/	A Paste		foods used, prohibited	d foods not			_
	Approved Source							Olicic	,u	Chemical				-
	m approved source				IN	OUT	N/			es: approved and prop				
IN OUT N/O N/A Food received at	proper temperature				IN	OUT		Toxic	substa	ances properly identific	ed, stored a	nd		
	dition, safe and una									nance with Approved F				
IN OUT N/O N/A destruction	available: shellstoo	• • • • • • • • • • • • • • • • • • • •			IN	OUT	N/		HACCF	with approved Specia Pplan	lized Proce	SS		
	tion from Contamin	ation												
IN OUT N/A Food separated and protected				The letter to the left of each item indicates that item's status at the time of the inspection.										
IN OUT N/A Food-contact surfaces cleaned & sanitized					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed									
IN OUT N/O Proper disposition reconditioned, and	of returned, previon of unsafe food	ously served,						ted On S	ite	R=Repeat Item				
		GC	OD RET	AIL F	PRACT	ICES								
		e measures to co				_	hogens,	chemicals		physical objects into fo	ods.	000		_
IN OUT Safe For Pasteurized eggs used w	ood and Water		COS	R	IN	OUT	In-use	utensils:		er Use of Utensils rlv stored		cos	R	_
Water and ice from appro										nd linens: properly sto	red, dried,	+		_
517							handle					-		_
Adequate equipment for t	nperature Control							s-use/sing s used pr		vice articles: properly s	torea, usea	+-		_
Approved thawing method								Ute	nsils, E	Equipment and Vending				_
Thermometers provided a	and accurate									ntact surfaces cleanab I, and used	le, properly			
Food	Identification						Ware	washing f		s: installed, maintained	l, used; test	+		_
Food properly labeled; ori	ginal container						strips Nonfo		ct surfa	aces clean		+		-
Prevention of	Food Contamination	on								ysical Facilities				
Insects, rodents, and anin Contamination prevented		ation, storage					_		d cold water available; adequate pressure					_
and display Personal cleanliness: clea										ater properly disposed		_		_
fingernails and jewelry	•	1000.0									.aa			_
Wiping cloths: properly us Fruits and vegetables was	sed and stored	+			1					rly constructed, supplie erly disposed; facilities			+	_
										alled, maintained, and				_
Person in Charge /Title:	-V_1								Date	9:				
Inspector: Cathyn Pecunt	<u> </u>			Tel	epho	ne No	. PF	IES No.		ow-up: ow-up Date:	Yes		No	_

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

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	FOOD PRODUCT/ LOCATION			ı ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reducti E IMMEDIATE ACTION within 7	on to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items income Received						ar .	
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 PRO	VIDED OR COMMENTS				ar ar ar	
Person in Ch	narge /Title:	<u></u>			Date:			
Inspector:	Cathyro Pecant		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13)