

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

TIME IN	TIME OUT				
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NEXT I	ROUTINE	E INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REC	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN T ESTABLISHMENT NAME:			OWNER:						D OF	PERSON IN CHARGE:				
ADDRESS:					ESTABLISHMENT NUMBE				SHMENT	NUMBE	R:	COUNTY:		
CITY/ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER  RESTAURANT SCHOOL SENIOR C					DELI GROCERY STORE NTER SUMMER F.P. TAVERN					INSTITUTION MOBILE VENDORS TEMP.FOOD				
PURP	OSE Pre-oper	ing	Routine Follow-up	Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable									NON-COMMUNITY PRIVATE					
	Licens	e No		PRIV	ATE					Date	Sam	pled Results		
			•	RISK FAC										
			preparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing factor	ors in	
Compl		33 Outbi	Demonstration of		COS			mpliance		y .	Р	otentially Hazardous Foods	CO	S R
IN (	OUT			son in charge present, demonstrates knowledge,			IN	OUT	N/O N/A	Dropor cooking time and temperature		king, time and temperature		
	-		and performs duties  Employee H	lealth					N/O N/A					
IN (	OUT		Management awareness; poli	cy present					N/O N/A	Proper	cool	ing time and temperatures		
IN (	OUT		Proper use of reporting, restriction Good Hygienic						N/O N/A N/A			nolding temperatures holding temperatures		
IN (	OUT N/	)	Proper eating, tasting, drinking			+		OUT	N/O N/A			marking and disposition		
IN (	OUT N/	0	No discharge from eyes, nose	and mouth			IN		N/O N/A			ublic health control (procedures /		
			Preventing Contamin	ation by Hands			1			record	s)	Consumer Advisory		
IN (	OUT N/0	)	Hands clean and properly was				IN	OUT	N/A			advisory provided for raw or		
			No bare hand contact with rea	dv-to-eat foods or			+			underd		d food ghly Susceptible Populations		
IN (	approved altern			operly followed					, , ,					
IN (			Adequate handwashing facilit accessible				IN OUT N		N/O N/A	oπerea				
IN (			Approved S Food obtained from approved				IN OUT N/A		Chemical Food additives: approved and properly used					
			Food received at proper temperature							Toxic		stances properly identified, stored and		
IN (	IN OUT		Food in good condition, safe and unadulterated							Conformance with Approved Procedures				
IN (	IN OUT N/O N/A Required records available: destruction		destruction				IN OUT N/A		Compliance with approved Specialized Process and HACCP plan		;			
	OUT		Protection from Co Food separated and protected			_	The	lottor t	o the left o	of agab its	om in	dicates that item's status at the time	of the	
	TUC	N/A			-20			inspection.			5111 111	uicates that item s status at the time	OI IIIE	
IN (	IN OUT N/A Food-contact surfaces cle						IN = in compliance N/A = not applicable				OUT = not in compliance N/O = not observed			
IN	OUT N/	)	Proper disposition of returned reconditioned, and unsafe foo							cted On Site R=Repeat Item				
			0 10 1 10 11		OOD RE									
IN	OUT		Good Retail Practices are prevenues Safe Food and Wa		COS	e intro	IN	or patr	nogens, cr	iemicais,		er Use of Utensils	cos	R
			urized eggs used where require							-use utensils: properly stored				
		Water	and ice from approved source						Utensils		ent a	nd linens: properly stored, dried,		
			Food Temperature Co						Single-u	use/single		vice articles: properly stored, used		
			uate equipment for temperature ved thawing methods used	control					Gloves	Gloves used properly		Equipment and Vending		
			nometers provided and accurate	:					Food ar			ntact surfaces cleanable, properly		
												d, and used		
			Food Identification							Warewashing facilities		s: installed, maintained, used; test		
		Food	properly labeled; original contain							Nonfood-contact surfaces clean				
		Insect	Prevention of Food Conta s, rodents, and animals not pre-				+		Hot and	Phys Hot and cold water avail Plumbing installed; prop		ysical Facilities		
			mination prevented during food				1							1
	and display  Personal cleanliness: clean outer clothi fingernails and jewelry			hing hair rootraint			1		Source	Sewage and wastewater properly disposed			<u> </u>	
L				mny, nan restraint,		<u> </u>			Jewage					
	Wiping cloths: properly used and stored										rly constructed, supplied, cleaned			
		Fruits	and vegetables washed before	use			1					erly disposed; facilities maintained alled, maintained, and clean		
Pers	on in Cl	narge /T	itle: 🚜						, 5.56	2	Date			
		-	Recent Pyr Maks			-	1- '	<b>.</b> .	1 =				-	
Inspe	ector:	attin	Vecent Juga Make			lie	eepno	ne No	.   PHE	S No.		ow-up: Yes ow-up Date:	ſ	No



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

FOOD	<b>FSTARI</b>	ISHMENT	INSPECT	ION R	FPORT
OOD			11101 EC1		

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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° F		
Code		PRIOR	ITY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the e or injury. These items MUST RECEIV	elimination, prevention or rediction or rediction with the second control of the second	uction to an acceptable level, haza in 72 hours or as stated.	irds associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general conitation	COR	E ITEMS	acres maint	ononce or conitation	Correct by	Initial	
Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	s). These items are to be co	orrected by the next regular insp	ection or as	stated.	(date)		
		EDUCATION PF	ROVIDED OR COMMENTS					
			-					
Person in Ch	arge /Title: Mya vm.				Date:			
Inspector:	Cattin Recent Pyr Mak		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	