

## 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 RO	UTINE	INSPEC	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REC	<b>SULA</b>	LITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIE ESTABLISHMENT NAME:			OWNER:					UK FOO	U OF	PERSON IN CHARGE:					
ADDRESS:				<b>-</b>	ESTABLISHMEN					NUMBE	ER:	: COUNTY:			
CITY/ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L		
BAI	ESTABLISHMENT TYPE  BAKERY C. STORE CATERE RESTAURANT SCHOOL SENIOR				R DELI GROCERY STORE CENTER SUMMER F.P. TAVERN					RE	INSTITUTION MOBILE VENDORS TEMP.FOOD				
PURPOSE Pre	-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable											IMUNITY PRIVATE				
L	icense.	No		PRIV	ATE					Date	Sam	pled Results			
				RISK FAC	CTORS	AND	INTE	RVEN	TIONS						
			reparation practices and emplo eaks. <b>Public health interventic</b>								ntrol	and Prevention as contributing fact	ors in		
Compliano		o outbre	Demonstration of		COS			mpliance		,. 	Р	otentially Hazardous Foods	CC	S R	
IN OU	Г		Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O N/A	Prope	r cool	king, time and temperature			
			Employee F	lealth		-	IN	OUT	N/O N/A	N/A Proper reheating procedures for hot holding					
IN OU	Т		Management awareness; poli	cy present					N/O N/A	Proper	r cool	ing time and temperatures			
IN OU	T		Proper use of reporting, restriction Good Hygienic						N/O N/A N/A			nolding temperatures holding temperatures			
IN OU	Γ N/O		Proper eating, tasting, drinking					OUT	N/O N/A			marking and disposition			
IN OU	T N/C		No discharge from eyes, nose						N/O N/A	Time a	as a p	ublic health control (procedures /			
			Preventing Contamin	ation by Hands		-	+		100 1071	record	s)	Consumer Advisory			
IN OU	T N/O		Hands clean and properly was				INI	OUT	N/A	Consu	mer a	advisory provided for raw or			
110 00	1 14/0		No hare hand contact with rec	adv to oot foods or			111		IN//A	underd		d food phly Susceptible Populations			
IN OU	IN OUT N/O  No bare hand contact with r		approved alternate method pr								Пίζ	grily Susceptible Populations			
IN OUT Adequate		Adequate handwashing faciliti accessible	nandwashing facilities supplied &			IN	OUT	N/O N/A	I/O N/A Pasteurize offered		foods used, prohibited foods not				
Approved So					ļ.,.	OUT	N1/A	F	1.170	Chemical					
		N/A	Food obtained from approved source Food received at proper temperature				IN OUT N/A IN OUT		Toxic	Food additives: approved and properly used Toxic substances properly identified, stored an used		d			
IN OUT			Food in good condition, safe a							Co		nance with Approved Procedures			
IN OUT N/O N/A Required records available: she destruction								Compl and H		with approved Specialized Proces Pplan	S				
IN OUT	<u> </u>		Protection from Co			-	The	lattar t	o the left o	f each ite	am in	dicates that item's status at the tim	of the		
IN OUT		N/A	<u> </u>		sanitized			inspection.				uicates triat item s status at the tim	e or trie		
IN OUT N/A Food-contact surfaces cleaned							in compliant in co			OUT = not in compliance N/O = not observed					
IN OU	IN OUT N/O Proper disposition of returned, preconditioned, and unsafe food						COS=Correcte								
					OOD RE										
INI	OUT		Good Retail Practices are prevent		ontrol the	e intro	duction	of path	nogens, ch	emicals,			COS	R	
IN OUT Paste		Paste	Safe Food and Water eurized eggs used where required			1,		001	In-use u	Proper Use of Utensils e utensils: properly stored		003	IX		
			and ice from approved source						Utensils	sils, equipment and linens: properly stored, dried,					
$\vdash$			Food Temperature Co	ontrol			+		handled Single-i		e-sen	vice articles: properly stored, used	+	-	
		Adequ	ate equipment for temperature	control						Gloves used properly					
			ved thawing methods used				-					Equipment and Vending	-		
		ınerm	ometers provided and accurate	•								ntact surfaces cleanable, properly d, and used			
			Food Identification	n					Warewa	shing fa		s: installed, maintained, used; test			
$\vdash$		Food :	properly labeled; original contain	ner			+		strips us		l ontact surfaces clean		+		
		1 000 }	Prevention of Food Conta				1		Nonioo			nysical Facilities			
			s, rodents, and animals not pres									vailable; adequate pressure			
			mination prevented during food	preparation, storage					Plumbing installed; proper be		oper backflow devices				
	and display  Personal cleanliness: clean outer clothi fingernails and jewelry  Wining cloths: properly used and stored			hing, hair restraint,			1		Sewage	ewage and wastewater properly disposed					
$\vdash$				ed.			+		Toilet facilities: pr		rope	perly constructed, supplied, cleaned			
	Wiping cloths: properly used and stored Fruits and vegetables washed before us		use			1		Garbag	e/refuse	prope	erly disposed; facilities maintained		+		
										s inst	alled, maintained, and clean				
Person	in Cha	arge /T	itle:	0.40							Date	e:			
Inspect	or:	X Mu	itle: Suca Sh Ur Latilya Bamt	UNTN		Te	lepho	ne No	. PHE	S No.		ow-up: Yes		No	



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

FOOD	FSTARI	ISHMENT	<b>INSPECTIO</b>	N REPORT
OOD	LOIADL		INSELUTIO	

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	EMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
	TEMP 1							
Code		PRIORITY	ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction <b>E IMMEDIATE ACTION within 7</b>	on to an acceptable level, haza <mark>72 hours or as stated.</mark>	ards associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general conitation	CORE IT	TEMS	ganaral maint	onana or conitation	Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	s). These items are to be corre	ected by the next regular insp	pection or as	stated.	(date)		
		EDUCATION PROV	VIDED OR COMMENTS					
Person in Ch	arge /Title:	have.			Date:			
Inspector:	parge/Title: Susa S poXMuly Katulyo Recut		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	