

MO 580-1814 (9-18)

## 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 RO	UTINE	INSPEC	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	ИAY BE	SPEC	IFIED	IN WRI	TING BY	THE REG	ULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO			
ESTABLISHMENT NAME:				OWNER:	D IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:				UR FUUI	J OP	PERATIONS.  PERSON IN CHARGE:				
ADDRESS:					ESTABLISH				SHMENT	NUMBE	R:	COUNTY:	NTY:		
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR C					DELI GROCERY STORE TER 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								R SUPPLY DMMUNITY NON-COMMU							
L	icense	No		PRIV	PRIVATE					Date Sampled Results					
			•	RISK FAC											
			reparation practices and emplo eaks. Public health intervention								ntrol a	and Prevention as contributing factor	ors in		
Compliano		3 Outbre	Demonstration of		COS			mplianc		y. 	Po	tentially Hazardous Foods	СО	S R	
IN OU	Т		Person in charge present, demonstrates knowledge,				IN OUT		N/O N/A	Proper easking, time and temperature					
	•		and performs duties  Employee Health						N/O N/A	Proper	rehe	ating procedures for hot holding		-	
IN OU	Т		Management awareness; poli	cy present					N/O N/A	Proper	cooli	ng time and temperatures			
IN OU	T		Proper use of reporting, restriction Good Hygienic						N/O N/A						
IN OU	T N/O		Proper eating, tasting, drinking			+		OUT	N/O N/A	, , ,				-	
IN OU	T N/C		No discharge from eyes, nose	and mouth			IN		N/O N/A			ublic health control (procedures /			
			Preventing Contamin	ation by Hands			-			records	S)	Consumer Advisory		-	
IN OU	T N/O		Hands clean and properly washed				IN	OUT				dvisory provided for raw or			
			No bare hand contact with ready-to-eat foods or				+		undercooked food			d food hly Susceptible Populations		_	
IN OU	T N/O		approved alternate method properly followed												
IN OU	IN OUT		Adequate handwashing facilities supplied & accessible				IN	OUT	N/O N/A	опегеа					
IN OU	IN OUT		Approved Source Food obtained from approved source				IN OUT N/A Food additives: a			Chemical es: approved and properly used					
			Food received at proper temperature							Toxic s		inces properly identified, stored and	ı		
IN OU	IN OUT		Food in good condition, safe and unadulterated									ance with Approved Procedures			
IN OUT	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction				IN	OUT	OUT N/A Compliance with approved Specialized Proc and HACCP plan						
Protection from Co				amination				The letter to the left of each item indicates that item's status at the tim							
	IN OUT N/A		Food-contact surfaces cleaned & sanitized					inspection.					or title		
IN OU	IN OUT N/A							IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OU	T N/O	/O Proper disposition of returned reconditioned, and unsafe foo					COS=Correct			cted On Site R=Repeat Item					
			One d Detail Desetions are service		OOD RE							harden abie to inte feede			
IN	OUT		Safe Food and Wa		COS	R	IN	OUT	nogens, cr	, chemicals, and physical objects into foods.  Proper Use of Utensils		<del></del>	COS	R	
		Pasteurized eggs used where require								use utensils: properly stored ensils, equipment and linens: properly stored, dried		ly stored			
			and ice from approved source						Utensils			nd linens: properly stored, dried,			
			Food Temperature Co	ontrol					Single-u			ice articles: properly stored, used			
			ate equipment for temperature ved thawing methods used	control					Gloves	loves used properly		quipment and Vending			
			ometers provided and accurate									ntact surfaces cleanable, properly		+	
												, and used			
			Food Identification	1						Warewashing facilities: installed, maintained, used; test strips used		. iristalled, maintained, used; test			
		Food	properly labeled; original contain						Nonfood-contact surf						
		Insect	Prevention of Food Conta s, rodents, and animals not pre-				+	-	Hot and	l cold wat		ysical Facilities ailable; adequate pressure		+-	
		Conta	mination prevented during food				1			Plumbing installed; proper backflow devices				1	
		and di	splay nal cleanliness: clean outer clot	hing hair restraint			+	Sewage and wastewater		ter properly disposed		-			
		fingerr	nails and jewelry		i restraint,				J						
$\vdash$	Wiping cloths: properly used and stored Fruits and vegetables washed before use						+	-	Toilet fa	facilities: properly constructed, supplied, cleaned ge/refuse properly disposed; facilities maintained				+	
	i ruits and vegetables washed before use		uoc			1					rly disposed; facilities maintained lled, maintained, and clean		+		
Person	in Cha	arge /T	itle: Olypan Y	Nestena							Date				
Inspecto	ora7	/m	he latin Plant			Te	elepho	ne No	. PHE	S No.	Follo	ow-up: Yes	1	No	
1	Verw	V IIIa I	as promyor thanks						1			ow-up Date:			



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

## FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMEN	TNAME	ADDRESS		CITY/ZII	CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	 CT/ LOCAT	TION	TEMP. in ° F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction (E IMMEDIATE ACTION within 72)	on to an acceptable level, hazai	rds associate	d with foodborne illness	Correct by (date)	Initial		
Code Reference	CORE ITEMS  Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.								
	standard operating procedures (330)	s). These items are to be corre-	cteu by the next regular map	ection of as	Stateu.		Sur.		
		EDUCATION PROV	IDED OR COMMENTS						
Person in Ch	narge /Title:	Moore			Date:				
Inspector: 7 MO 580-1814 (9-13)	What Kattyn Record	DISTRIBUTION: WHITE - OWNER'S CO	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A		