

## 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 REG	ACILITIES WHICH MUST BE CORRECULATORY AUTHORITY. FAILURE TO		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:		OWNER:		55A1101			PERSON IN CHARGE:			
ADDRESS:			ESTABLISHMENT NUMBER:				COUNTY:			
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORITY : H	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCE	RY STOR	E	INSTITUTION MOBILE V TEMP.FOOD	ENDOR	S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other							
FROZEN DESSERT Approved Disa License No.	approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVAT		ATER S COMM	UPPLY IUNITY			COMMUNITY PRIVATE Sampled Results		
		RISK FACT		D INTE	RVENT	IONS				
								ntrol and Prevention as contributing facto	rs in	
Compliance	eaks. Public health interventions Demonstration of Kr				mpliance	s or injury	/.	Potentially Hazardous Foods	CO	S R
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN (	OUT N	I/O N/A	Proper	cooking, time and temperature		
	Employee Hea			IN (		I/O N/A		reheating procedures for hot holding		
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction		+	IN (				cooling time and temperatures hot holding temperatures		-+
	Good Hygienic Pra	actices			OUT	N/A Proper of		cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking of No discharge from eyes, nose an					N/O N/A		date marking and disposition s a public health control (procedures /		
IN OUT N/O				IN	OUT N	I/O N/A	records	3)	_	
IN OUT N/O	Preventing Contamination Hands clean and properly washed			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or poked food		
IN OUT N/O No bare hand contact with ready-t								Highly Susceptible Populations		
IN OUT	approved alternate method prop Adequate handwashing facilities accessible			IN	OUT N	I/O N/A	Pasteur	rized foods used, prohibited foods not		
	Approved Sou							Chemical		
IN OUT Food obtained from approved source					Toxio ou			dditives: approved and properly used ubstances properly identified, stored and		
IN OUT N/O N/A				IN	used		used			
	I OUT Food in good condition, safe and un Required records available: shellsto				Complia			nformance with Approved Procedures ance with approved Specialized Process		
IN OUT N/O N/A	OUT N/O N/A destruction Protection from Contamination			IN				CCP plan		
IN OUT N/A	Food separated and protected			The	letter to	the left of	f each ite	m indicates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized			inspection.						
Proper disposition of returned, proviously served		reviously served,		_	N/A =	= not appli	icable	OUT = not in compliance N/O = not observed		
IN OUT N/O	reconditioned, and unsafe food			DDACT		=Correcte	ed On Site	e R=Repeat Item		
	Good Retail Practices are prevent		OD RETAIL			ogens, ch	emicals.	and physical objects into foods.		
IN OUT	Safe Food and Water		COS R	IN	OUT			Proper Use of Utensils	COS	R
	urized eggs used where required and ice from approved source							roperly stored ent and linens: properly stored, dried,		
				handled						
Adequ	Food Temperature Contro Adequate equipment for temperature cont						ise/single used prop	-service articles: properly stored, used		
Adequate equipment for temperature content Approved thawing methods used							Utens	nsils, Equipment and Vending		
Therm	nometers provided and accurate					Food and nonfood-co designed, constructed		d-contact surfaces cleanable, properly		
Food Identification							shing fac			
Food properly labeled; original container							l-contact			
Prevention of Food Contamination Insects, rodents, and animals not present				-		Hot and	cold wate			
Conta	Contamination prevented during food preparation, storage				Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices					
	and display Personal cleanliness: clean outer clothing, hair restraint,					Sewage	and was	tewater properly disposed		
fingernails and jewelry				_						
Wiping cloths: properly used and stored           Fruits and vegetables washed before use						Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained				1
	×						l facilities	installed, maintained, and clean		
Person in Charge /T								Date:		
Inspector: C attyr	itle: OUM Norduflus 5 Pecourt		Т	elepho	ne No.	PHE		Follow-up: Yes Follow-up Date:	١	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S CO	PY	(	CANARY – FI				E6.37



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	OOD ESTABLISHMENT IN		PAGE <sup>2</sup> of					
ESTABLISHMEN	T NAME	ADDRESS	CITY /ZIF					
FOOD PRODUCT/LOCATION		TEMP. in ° F	CT/ LOCAT	ON	TEMP. ir	۱°F		
Code		PRIORITY IT	EMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEN	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazar hours or as stated.	ds associated	I with foodborne illness	(date)		
Code		CORE ITE	MS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or st Ps). <b>These items are to be correct</b>	ructures, equipment design, <u>c</u> ed by the next regular insp	peneral mainte ection or as s	enance or sanitation stated.	(date)		
		EDUCATION PROVI	DED OR COMMENTS					
Person in Charge / Title: Date:								
Inspector:	attype Pecaut		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)	•	DISTRIBUTION: WHITE - OWNER'S COP'	Y CANARY – FILE CO	DPY			E6.37A	