

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 R | OUTINE | INSPE | CTION, OR SUCH SHORTER P | PERIOD OF TIME AS I | MAY BE | SPEC | IFIED | IN WR | TING BY 1 | THE REG | SULA ^T | ITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO | | | |
|---|--|---|---|------------------------------------|---------------------------------------|------------|----------------|---|---|---|-------------------|---|----------|-----|--|
| WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THE ESTABLISHMENT NAME: OW | | | | OWNER: | | | | | | <u>UK FOO</u> | D OF | PERSON IN CHARGE: | | | |
| ADDRESS: | | | | | ESTABLISHMENT | | | | NUMBE | R: | COUNTY: | | | | |
| CITY/ZIP: | | | PHONE: | PHONE: | | | FAX: | | | | P.H. PRIORITY: H | М | L | | |
| B R | ISHMEN AKERY RESTAUI | | C. STORE CATER SCHOOL SENIO | | ELI MMER F | P. | | GROCI AVER | ERY STOR | RE | | STITUTION MOBILE MP.FOOD | /ENDOR | RS | |
| PURPO P | SE 're-openi | ng | Routine Follow-up | Complaint | Oth | er | | | | | | | | | |
| FROZEN DESSERT Approved Disapproved Not Applicable | | | SEWAGE DISPOS | GE DISPOSAL WATER SUPPLY COMMUNITY | | | | NON-COMMUNITY PRIVATE Date Sampled Results | | | | | | | |
| | License | No | | PRIV | | | | | | Date | Salli | Died Results | | | |
| D: 1 (| | | e e e e e e e e e e e e e e e e e e e | RISK FAC | | | | | | | .11 | A December 2012 Conference | | | |
| | | | preparation practices and employ eaks. Public health interventio | | | | | | | | ntrol a | and Prevention as contributing fac | ors in | | |
| Complia | ince | | Demonstration of | • | COS | R | Со | mplianc | е | _ | | tentially Hazardous Foods | CO | S R | |
| IN O | UT | | Person in charge present, den and performs duties | nonstrates knowledge, | | | IN OUT N | | N/O N/A | Proper cooking, time and temperature | | | | | |
| | | | Employee H | | | | _ | | N/O N/A | | | ating procedures for hot holding | | | |
| | UT UT | | Management awareness; police Proper use of reporting, restrict | | | | _ | | N/O N/A | | | ng time and temperatures olding temperatures | | | |
| | | | Good Hygienic F | | | | | OUT | N/A | | | nolding temperatures | | | |
| | UT N/C | | Proper eating, tasting, drinking No discharge from eyes, nose | | | | IN | OUT | N/O N/A | | | marking and disposition | | | |
| IN O | UT N/C |) | , | | | | IN | OUT | N/O N/A | records | | ıblic health control (procedures / | | | |
| IN O | UT N/O |) | Preventing Contamina Hands clean and properly was | | | | IN | OUT | N/A | | | Consumer Advisory dvisory provided for raw or | | | |
| | | | No bare hand contact with rea | dy-to-eat foods or | | | 1 | | | underc | | I food hly Susceptible Populations | | | |
| | UT N/C | , | approved alternate method pro | operly followed | | | D- | | | Dest | | | | | |
| IN OUT Adequate handwashing facilities accessible | | | | | | | offered | | foods used, prohibited foods not | | | | | | |
| Approved Sour IN OUT Food obtained from approved so | | | | _ | IN OUT N/A Foo | | Food a | dditiv | Chemical es: approved and properly used | | | | | | |
| IN OUT N/O N/A | | | Food received at proper temperature | | | | IN OUT | | | Toxic substances properly identified, stored and used | | | ıd | | |
| IN O | IN OUT | | Food in good condition, safe and unadulterated | | | | | | | Conformance with Approved Procedures | | | | | |
| IN OUT N/O N/A Required records available: | | Required records available: sh destruction | nellstock tags, parasite | | | IN OUT N/A | | Compliance with approved Specialized Process and HACCP plan | | | | | | | |
| | | | Protection from Co | | | | | | | | | | | | |
| IN O | UT | N/A | Food separated and protected | | The letter to the left of inspection. | | | | | t each ite | em ind | licates that item's status at the tim | e of the | | |
| IN O | UT | N/A | Food-contact surfaces cleaned | | | | IN = in compli | | | | | | | | |
| IN C | | | Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | . = not appl S=Correcte | | е | N/O = not observed R=Repeat Item | | | |
| | | | , | | OOD RE | TAIL | PRACT | TICES | | | | | | | |
| | | | Good Retail Practices are preven | | | | _ | | hogens, ch | | _ | | | | |
| IN | OUT | Paste | Safe Food and Wat urized eggs used where required | | COS | R | IN | OUT | In-use u | Proper Use of Utensils utensils: properly stored | | | cos | R | |
| | | | and ice from approved source | ~ | | | | | Utensils | ls, equipment and linens: properly stored, dried, | | | | | |
| | | | Food Temperature Co | antrol | | | 1 | | handled Single- | | | | - | | |
| | Adequate | | uate equipment for temperature | control | | | | | | | | | | | |
| | | | ved thawing methods used | | | | - | | Fand as | | | quipment and Vending | | | |
| | | Inem | nometers provided and accurate | | | | | | | | | tact surfaces cleanable, properly, and used | | | |
| | | | Food Identification | ١ | | | | | Warewa | | cilities | : installed, maintained, used; test | | | |
| | | Food | properly labeled; original contain | | | | Nonfood-conta | | | | | | | | |
| | | Incoct | Prevention of Food Conta s, rodents, and animals not pres | | | | 1 | | Hot and | cold wat | | ysical Facilities ailable; adequate pressure | | | |
| | | | mination prevented during food | | | | 1 | | | | | pper backflow devices | | + | |
| | | and display Personal cleanliness: clean outer clothing | | | | | | | | | | • | | - | |
| | fingernails and jewelry | | | | | | | | Sewage | ge and wastewate | | er property disposed | | | |
| Wiping cloths: properly used and stored | | | | | | | | | | y constructed, supplied, cleaned | | | | | |
| - | | | and vegetables washed before | | | | 1 | | | | | rly disposed; facilities maintained lled, maintained, and clean | | + | |
| Perso | n in Ch | arge /T | itle: (1) | | | | | | , 554 | | Date | | | | |
| Incre | otor: | | - zwwa somulu | <u> </u> | | lT. | Jonha | no No | l cor | C Na | Eall- | W.IID: V | | No | |
| inspe | Person in Charge /Title: Juma Elmalu Inspector: Valyo kaut | | | | | l e | iehi io | ne No | · EPH | | | ow-up: Yes ow-up Date: | | No | |



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| PAGE | _ | ∩f | |

| ESTABLISHMEN | T NAME | ADDRESS | | CITY/ZII | . | | |
|-------------------|--|--|--|----------------|-------------------------------|-------------------|---------|
| FO | OD PRODUCT/LOCATION | TEMP :- ° E | FOOD PRODU | ICT/ LOCAT | TON | TEMP. ir | .°⊏ |
| 100 | OBT RODUCTIEOCATION | TEMP. in ° F | 100011000 | JOI/ LOOKI | 1014 | TEIVIP. II | 1 F |
| | | | | | | | |
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| | | | | | | | |
| Code | | PRIORITY I | TEMS | | | Correct by | Initial |
| Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or reductior E IMMEDIATE ACTION within 72 | n to an acceptable level, haza hours or as stated. | irds associate | d with foodborne illness | (date) | |
| | | | | | | | 93 |
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| Code Reference | Core items relate to general sanitation, | CORE ITE operational controls, facilities or s | tructures, equipment design, | general maint | enance or sanitation | Correct by (date) | Initial |
| | standard operating procedures (SSOP | s). These items are to be correc | ted by the next regular insp | ection or as | stated. | | ~~ |
| | | | | | | | 43 |
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| | | EDUCATION PROVI | DED OR COMMENTS | | | | |
| | | | | | | | |
| Person in Ch | narge /Title: Juma Sumu | 114 - | | | Date: | | |
| Inspector: | Kodyn Raut | w~ | Telephone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No |

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