

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN THIS NOTICE MAY RESULT I ESTABLISHMENT NAME: OWNER:														
										PERSON IN CHARGE.				
ADDRESS:					ESTABLISHMENT NUMBER				ER: C	COUNTY:				
CITY/ZIP:			PHONE:			FAX				F	P.H. PRIORITY	: Н	М	L
ESTABLISHMENT BAKERY	TYPE	C. STORE CATE	RER DE		I	(GROC.	FRY STOR	·F	INST	TITUTION	MOBILE V	ENDOR	s
RESTAUR PURPOSE	RANT			MER F.	GROCERY STORE R F.P. TAVERN			· -		P.FOOD	WOBIEL			
Pre-openir	ng	Routine Follow-up	Complaint											
FROZEN DES Approved		approved Not Applicable	SEWAGE DISPOS PUBLI		WATER SUPPLY COMMUNITY NON-C				NONL	COMM	INITY	PRIVATE		
		pprovou nocrappiousio	PRIVA	_	Date					ON-COMMUNITY PRIVATE Date Sampled Results				
License No PRIVATE RISK FACTORS AND INTERVENTIONS														
Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.														
Compliance	s outbre	Demonstration of		COS	R					Pote	Potentially Hazardous Foods			S R
IN OUT			in charge present, demonstrates knowledge,			N/O N/A	Dronor cooking time and temperature							
		and performs duties Employee F	lealth		-	IN (OUT	N/O N/A					-	
IN OUT		Management awareness; poli	cy present			IN (OUT	N/O N/A	Proper cooling time and temperatures					
IN OUT		Proper use of reporting, restriction Good Hygienic					OUT OUT	N/O N/A N/A		r hot holding temperatures r cold holding temperatures				
IN OUT N/O		Proper eating, tasting, drinking	g or tobacco use					N/O N/A		er date marking and disposition			+	
IN OUT N/O	1	No discharge from eyes, nose	and mouth			IN	OUT	N/O N/A			lic health control (procedures /		
		Preventing Contamin	ation by Hands						record		Consumer Adviso	ry		
IN OUT N/O		Hands clean and properly was				IN	OUT	N/A	Consumer advisory provided for raw or undercooked food					
IN OUT N/O		No bare hand contact with rea								Susceptible Pop	ulations			
approved alternate method properly followed IN OUT Adequate handwashing facilities supplied &					IN OUT N/O N/A Pasteur			urized fo	ods used, prohibit	ed foods not				
accessible					offered			<u>d</u>	Chemical		_			
Approved Source IN OUT Food obtained from approved source					IN	IN OUT N/A Food additives: approved and properly use			operly used					
IN OUT N/O N/A Food received at proper temperature					IN	IN OUT Toxic substances properly identified, stored a used				t				
IN OUT Food in good condition, safe and unadulterated						Conformance with Approved Procedures Compliance with approved Specialized Process								
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction					IN	IN OUT N/A Compliance with approved Specialized Process and HACCP plan				,				
Protection from Contamination					The	lattar	ta tha laft a	f aaab it	am india	ataa that itam'a at	atus at the time	of the		
IN OUT N/A Food separated and protected					The letter to the left of each item indicates that item's status at the time of t inspection.					or the				
IN OUT N/A Food-contact surfaces cleaned & sanitized Proper disposition of returned, previously served,					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed									
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item														
		Good Retail Practices are previous							omicals	and phy	veical objects into	foods		
IN OUT		Safe Food and Wa		cos	R	IN	OUT	ilogens, cri	erricais,		Use of Utensils	100us.	cos	R
		urized eggs used where require	d							properly	stored			
	Water	and ice from approved source						Utensils handled		nent and	linens: properly s	tored, dried,		
		Food Temperature Co						Single-u	se/singl		e articles: properly	stored, used		
		ate equipment for temperature	control			-		Gloves	used pro		inment and Vandi	ina	\vdash	
		Approved thawing methods used Thermometers provided and accurate				1		Food an	Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, properly				+	
	Food Identification							d, constructed, and used shing facilities: installed, maintained, used; test			<u> </u>			
								strips us	sed					
	Food properly labeled; original container Prevention of Food Contamination							Nontood	d-contact surfaces clean Physical Facilities					
	Insects, rodents, and animals not present								d cold water available; adequate pressure					
	Contamination prevented during food preparation, storage and display								oing installed; proper backflow devices					
	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Sewage	vage and wastewater properly disposed						
		cloths: properly used and stor							Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained					
	FIUITS	and vegetables washed before	use			1					disposed; facilitied, an		+	+
Person in Charge /Title: Date:									•					
Inspector:	1/ 1	1 ~ Dag . A	1 /		Te	lepho	ne No). EPH	S No.	Follow	'-up:	Yes	 i	No
	Kath	typ Peart Payx W	Why								-up Date:			

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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ESTABLISHMENT NAME		ADDRESS			CITY/ZII	TY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/				TEMP. in ° F		
0-1-		PRIO	DITY ITEMS				0	luiti-l	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or re VE IMMEDIATE ACTION wit	RITY ITEMS duction to an ac thin 72 hours o	cceptable level, haza r as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, faciliti	RE ITEMS es or structures corrected by the	, equipment design, ne next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION F	PROVIDED O	R COMMENTS					
Person in Ch	arge /Title:					Date:			
Inspector:	Kathyn Plant	Pupe X Marley		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13)

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