

## 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	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE REGULA	ATORY AUTHORITY. FA			
	ITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY REESTABLISHMENT NAME:  OWNER:							PERSON IN CHARGE:			
ADDRESS:	F			ESTABLISHMENT NUMBER:			COUNTY:				
CITY/ZIP:	PHONE:		FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR							NSTITUTION MOBILE VENDORS EMP.FOOD			RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
	approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVAT			UPPLY (UNITY			MMUNITY	PRIVATE Results		
License No		RISK FACT		INTE	RVENT	TONS					
	preparation practices and employe							I and Prevention as conti	ributing fact	ors in	
Compliance	eaks. Public health interventions  Demonstration of Kn				ne IIInes mpliance			Potentially Hazardous Fo	ods	CO	S F
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN (	N TUC	N/O N/A	Proper coo	oking, time and temperatu	ıre		
	Employee Hea			IN (		N/O N/A		neating procedures for ho			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction			IN (		N/O N/A		oling time and temperatur holding temperatures	es		-
	Good Hygienic Pra	actices		IN	OUT	N/A	Proper col	d holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking on No discharge from eyes, nose as					N/O N/A	Time as a nublic health control (procedu				
IN OUT N/O	, , , , , , , , , , , , , , , , , , ,			IN	OUT N	N/O N/A	records)	, "			
IN OUT N/O	Preventing Contamination Hands clean and properly washed			IN	OUT	N/A		Consumer Advisory advisory provided for rav	w or		
IN OUT N/O	No bare hand contact with ready						undercook H	ed food ighly Susceptible Popula	tions		
IN OUT	approved alternate method properly followed  Adequate handwashing facilities supplied &					d foods used, prohibited	foods not				
	accessible Approved Sou	rce					offered	Chemical			
IN OUT	Food obtained from approved so			IN	OUT	N/A		ives: approved and property			
IN OUT N/O N/A Food received at proper temperature			IN	OUT		used	stances properly identified		u		
IN OUT	Food in good condition, safe and Required records available: shell			-				mance with Approved Pre with approved Speciali		8	
IN OUT N/O N/A	destruction Protection from Conta			IN	OUT	N/A	and HACC				
IN OUT N/A	Food separated and protected	ammation		The	letter to	the left of	f each item i	ndicates that item's statu	s at the time	e of the	
IN OUT N/A	Food-contact surfaces cleaned &	k sanitized		inspection.  IN = in compliance  OUT = not in compliance							
IN OUT N/O	Proper disposition of returned, p	reviously served,		N/A = not applicable N/O = not observed							
IN OUT N/O	reconditioned, and unsafe food		OD DETAIL	DD 4 07		=Correcte	d On Site	R=Repeat Item			
	Good Retail Practices are prevent		OD RETAIL			ogens ch	emicals and	I physical objects into foc	nds		
IN OUT	Safe Food and Water		COS R	IN	OUT	- J		per Use of Utensils		COS	R
	urized eggs used where required and ice from approved source			-		In-use u	tensils: prop	erly stored and linens: properly store	ad driad		
vvaler	and ice from approved source					handled		and linens. property store	su, uneu,		
Adogs	Food Temperature Cont uate equipment for temperature co							rvice articles: properly st	ored, used		
	oved thawing methods used	TILIOI		-		Gloves	used properli Utensils.	y Equipment and Vending			
	nometers provided and accurate						Food and nonfood-contact surfaces cleanable, properl				
	Food Identification			+		designed, constructed, and used  Warewashing facilities: installed, maintained, used; test			used: test		
						strips us	sed				
Food	properly labeled; original container Prevention of Food Contami			+		Nonfood	d-contact sur F	faces clean Physical Facilities			+
Insect	Insects, rodents, and animals not present					Hot and	Hot and cold water available; adequate pressure				
Conta and d	amination prevented during food proisolay	eparation, storage				Plumbin	g installed; p	proper backflow devices			
Perso	nal cleanliness: clean outer clothin	g, hair restraint,				Sewage	and wastew	rater properly disposed			
fingernails and jewelry Wiping cloths: properly used and stored							erly constructed, supplied				
Fruits	and vegetables washed before us	e		+				perly disposed; facilities national talled, maintained, and c		1	-
Person in Charge /T	Title: T. 1					i iiyəlca	Da		ican	1	
	lim Larnz										
Inspector:   Lungh	Mary Kathyn Fecu	ut	T	elepho	ne No.	PHES		llow-up: llow-up Date:	Yes	ı	No
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## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	T NAME		ADDRESS			CITY/ZII	<b>.</b>		
FOOD PRODUCT/LOCATION		CATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION			TION	TEMP. ir	ı°F
Code Reference	Priority items contri	bute directly to the elii	PRIOF prination, prevention or rec	RITY ITEMS	cceptable level, haza	rds associate	d with foodborne illness	Correct by (date)	Initial
	or injury. These ite	ms MUST RECEIVE I	mination, prevention or rec MMEDIATE ACTION with	nin 72 hours o	r as stated.				+/
									1
									TC
Code Reference	Core items relate to standard operating	general sanitation, opprocedures (SSOPs).	COF perational controls, facilities These items are to be co	RE ITEMS es or structures corrected by the	, equipment design, ne next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial
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			EDUCATION P	ROVIDED O	R COMMENTS				
Person in Ch	narge /Title:	Tim Lan Katulyn Pecu	NZ				Date:		
Inspector:	ugh XINach	, Kattyn Peci	DISTRIBUTION: WHITE - OWNE		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No F6 374



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS	ADDRESS CITY,			TY/ZIP		
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ L0			TEMP. ir	ı°F	
Code		PRIOR	ITY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or red VE IMMEDIATE ACTION with	uction to an acceptable level, haza in 72 hours or as stated.	rds associate	d with foodborne illness	(date)		
	•							
Code Reference	Core items relate to general sanitatio standard operating procedures (SSO	n, operational controls, facilities	E ITEMS s or structures, equipment design, prrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		,	, , , , , , , , , , , , , , , , , , ,				TL	
							L	
		EDUCATION PF	ROVIDED OR COMMENTS					
Person in Ch	arge /Title:	2			Date:			
Inspector: 17	range /Title: Tim Larn	, C D	Telephone No.	PHES No.	Follow-up:	Yes	No	
	mynex/1/ally Cottyn.	fecuit	Totophone 110.	1.0.	Follow-up Date:		.,0	

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