



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

TIME IN	TIME OUT
DATE	PAGE 1 of

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME:		OWNER:		PERSON IN CHARGE:	
ADDRESS:			ESTABLISHMENT NUMBER:		COUNTY:
CITY/ZIP:		PHONE:		FAX:	
				P.H. PRIORITY : H M L	
ESTABLISHMENT TYPE BAKERY RESTAURANT    C. STORE SCHOOL    CATERER SENIOR CENTER    DELI SUMMER F.P.    GROCERY STORE TAVERN    INSTITUTION TEMP.FOOD    MOBILE VENDORS					
PURPOSE Pre-opening    Routine    Follow-up    Complaint    Other _____					
FROZEN DESSERT Approved    Disapproved    Not Applicable License No. _____		SEWAGE DISPOSAL PUBLIC PRIVATE		WATER SUPPLY COMMUNITY NON-COMMUNITY Date Sampled _____ PRIVATE Results _____	

**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		Demonstration of Knowledge		COS	R	Compliance		Potentially Hazardous Foods		COS	R
IN	OUT	Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O	N/A		
		Employee Health				IN	OUT	N/O	N/A		
IN	OUT	Management awareness; policy present				IN	OUT	N/O	N/A		
IN	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/O	N/A		
		Good Hygienic Practices				IN	OUT	N/O	N/A		
IN	OUT	N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT	N/O	N/A		
IN	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O	N/A		
		Preventing Contamination by Hands				IN	OUT	N/A			
IN	OUT	N/O	Hands clean and properly washed					Consumer Advisory			
IN	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Consumer advisory provided for raw or undercooked food			
IN	OUT					IN	OUT	N/O	N/A		
		Approved Source						Highly Susceptible Populations			
IN	OUT	Food obtained from approved source				IN	OUT	N/A			
IN	OUT	N/O	N/A	Food received at proper temperature		IN	OUT				
IN	OUT							Chemical			
IN	OUT	Food in good condition, safe and unadulterated				IN	OUT				
IN	OUT	N/O	N/A	Required records available: shellstock tags, parasite destruction		IN	OUT	N/A			
		Protection from Contamination						Conformance with Approved Procedures			
IN	OUT	N/A	Food separated and protected					Compliance with approved Specialized Process and HACCP plan			
IN	OUT	N/A	Food-contact surfaces cleaned & sanitized								
IN	OUT	N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food								

The letter to the left of each item indicates that item's status at the time of the inspection.  
 IN = in compliance    OUT = not in compliance  
 N/A = not applicable    N/O = not observed  
 COS=Corrected On Site    R=Repeat Item

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water		COS	R	IN	OUT	Proper Use of Utensils		COS	R
		Pasteurized eggs used where required						In-use utensils: properly stored			
		Water and ice from approved source						Utensils, equipment and linens: properly stored, dried, handled			
		Food Temperature Control						Single-use/single-service articles: properly stored, used			
		Adequate equipment for temperature control						Gloves used properly			
		Approved thawing methods used						Utensils, Equipment and Vending			
		Thermometers provided and accurate						Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification						Warewashing facilities: installed, maintained, used; test strips used			
		Food properly labeled; original container						Nonfood-contact surfaces clean			
		Prevention of Food Contamination						Physical Facilities			
		Insects, rodents, and animals not present						Hot and cold water available; adequate pressure			
		Contamination prevented during food preparation, storage and display						Plumbing installed; proper backflow devices			
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Sewage and wastewater properly disposed			
		Wiping cloths: properly used and stored						Toilet facilities: properly constructed, supplied, cleaned			
		Fruits and vegetables washed before use						Garbage/refuse properly disposed; facilities maintained			
								Physical facilities installed, maintained, and clean			

Person in Charge /Title: <i>JAP</i>				Date:			
Inspector: <i>Raymond Mackay</i> <i>Kathryn Pecaut</i>			Telephone No.	PHES No.	Follow-up: Yes No	Follow-up Date:	



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ESTABLISHMENT NAME		ADDRESS		CITY/ZIP	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

Code Reference	<b>PRIORITY ITEMS</b> Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial
			JJD
			JJD
			JJD
			JJD
			JJD

Code Reference	<b>CORE ITEMS</b> Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
			JJD
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			JJD
			JJD

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>JJD</i>		Date:	
Inspector: <i>Ryan Mackay</i> <i>Kathryn Pecaut</i>	Telephone No.	PHES No.	Follow-up: Yes No Follow-up Date:



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			JJD
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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>[Signature]</i>		Date:	
Inspector: <i>Raymond Mackay</i>	<i>Kathryn Pecaut</i>	Telephone No.	PHES No.
		Follow-up:	Yes No
		Follow-up Date:	