

## 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 INSPEC	TION THIS DAY, THE ITEMS N CTION, OR SUCH SHORTER P	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY 1	THE REC	GULA	TORY AUTHORITY. F			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MA ESTABLISHMENT NAME: OWNER:			AT NEODE	ULT IN CESSATION OF TOUR FOOD OF					PERSON IN CHARGE:			
ADDRESS:				ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP: PHONE:				FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIO		l Mer F.P.		GROCEF	RY STOR	RE		STITUTION MP.FOOD	MOBILE	VENDC	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT SEWAGE DISP Approved Disapproved Not Applicable PUE License No. PRI			COMMUNITY NON-CC					MMUNITY PRIVATE mpled Results				
		RISK FAC		) INTE	RVENT	IONS						
	preparation practices and employ							ontrol a	and Prevention as conti	ributing fac	tors in	
Compliance	eaks. Public health interventio Demonstration of I				ne ilines mpliance	s or injury	y. I	Po	otentially Hazardous Fo	ods	0	OS R
IN OUT	Person in charge present, den and performs duties			IN (	OUT N	I/O N/A	Prope		ing, time and temperate			
	Employee H	ealth		IN (	N TUC	I/O N/A	Prope	r rehe	eating procedures for ho	ot holding		
IN OUT	Management awareness; polic Proper use of reporting, restric			IN (		I/O N/A			ng time and temperatur	res		
IN OUT	Good Hygienic F							oper hot holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose			IN	OUT N	N/O N/A			marking and dispositio ublic health control (pro			
IN OUT N/O				IN	OUT N	I/O N/A	record		, v	icedules /		
	Preventing Contamina Hands clean and properly was						Consu	imer a	Consumer Advisory	wor		
IN OUT N/O				IN	OUT	N/A	under	cooke	d food			
IN OUT N/O	No bare hand contact with rea approved alternate method pro							Hig	hly Susceptible Popula	itions		
IN OUT	Adequate handwashing facilitie accessible	es supplied &		IN (	N TUC	I/O N/A	Paster		foods used, prohibited	foods not		
	Approved Sc	ource					Unered	u	Chemical			
	OUT Food obtained from approved source			Toxio aubo				tives: approved and properly used stances properly identified, stored and				
IN OUT N/O N/A				used				stances propeny identified, stored and				
IN OUT	Food in good condition, safe a Required records available: sh			Complia				nance with Approved Pr with approved Speciali		20		
IN OUT N/O N/A	destruction	0 / 1		IN OUT N/A and HAC						55		
IN OUT N/A	Protection from Co Food separated and protected			The	lattar to	the left o	f oach it	om inc	dicates that item's statu	e at the tin	ne of the	
	Food-contact surfaces cleaned			The letter to the left of each item indicates that item's status at the time of the inspection.								
Droper dispecition of returned proviously con				IN = in compliance N/A = not applicable					OUT = not in complian N/O = not observed	ice		
IN OUT N/O	reconditioned, and unsafe food	1			COS	=Correcte		te	R=Repeat Item			
	Good Retail Practices are preve		OD RETAIL			ogone ch	omicals	and r	bysical objects into for	ode		
IN OUT	Safe Food and Wat		COS R	IN	OUT	Jgens, en	ernicais,		er Use of Utensils	Ju3.	COS	8 R
	urized eggs used where required and ice from approved source	1							rly stored nd linens: properly store	od driod		
vvaler	and ice nom approved source				handled			na intens. property store	eu, uneu,			
Adequ	Food Temperature Contr Adequate equipment for temperature con Approved thawing methods used Thermometers provided and accurate			_	Single-use/single-service articles: properly stor Gloves used properly			ored, used				
				Utensils, Equipment and Ven			quipment and Vending					
Therm							nd nonfo	od-cor	ntact surfaces cleanable	e, properly		
Food Identification		I		designed, constructed, and used     Warewashing facilities: installed, maintained,     strips used     Nonfood-contact surfaces clean     Physical Facilities			used; test					
Food	er		t surfa				faces clean					
Prevention of Food Contamination     Insects, rodents, and animals not present     Contamination prevented during food preparation, storage     and display     Personal cleanliness: clean outer clothing, hair restraint,     fingernails and jewelry     Wiping cloths: properly used and stored     Fruits and vegetables washed before use		mination							Physical Facilities			
							Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices				+	
				_			•				_	
							ter property disposed					
								erly constructed, supplied, cleaned perly disposed; facilities maintained				
									alled, maintained, and c			
Person in Charge /T	itle: Unger Samer							Date	2:			
	itle: Linger Secrer 11/14 Katulyo Pecunt		Т	elepho	ne No.	EPH	S No.		ow-up:	Yes		No
MO 580-1814 (9-13)	() principal future	DISTRIBUTION: WHITE -	OWNER'S COF	Υ	(	CANARY – F	ILE COPY		ow-up Date:			E6.37



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ESTABLISHMENT NAME ADDRESS CITY /ZIP	
FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT/ LOCATION	TEMP. in ° F
Code PRIORITY ITEMS Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborn or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	ne illness Correct by Initi
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	A
	A
Code CORE ITEMS	Correct by Initia
Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanit standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	
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EDUCATION PROVIDED OR COMMENTS	
Person in Charge /Title: Conged Samer Date: Inspector: June Markey Katuy Perurt Telephone No. EPHS No. Follow-up: Follow-up D	
Inspector: June Multar Katuyo Peaut Mo 580-1814 (913) Distribution: white - owner's copy Canary - File Copy	Yes N Date:

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FOOD ESTABLISHMENT INSPECTION REPORT					PAGE <sup>3</sup> of			
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF	D			
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/ L			ION	TEMP. ir	n ° F	
Code		PRIORITY II	EMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction <b>E IMMEDIATE ACTION within 72</b>	to an acceptable level, haza hours or as stated.	ards associated	d with foodborne illness	(date)		
Code Reference	Core items relate to general sanitation	CORE ITE	MS ructures, equipment design.	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOF	os). These items are to be correct	ed by the next regular insp	pection or as	stated.		Λ.	
							A	
		EDUCATION PROVI	DED OR COMMENTS					
Person in Ch	arge /Title: 🔿 🧠 🤇				Date:			
Inspector: A	narge /Title: Anger Sen MXM/Why Katulyn Perunt	er	Telephone No.	EPHS No.	Follow-up:	N	No	
mopeoior. ///					Follow-up Date:	Yes	110	