

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 NO CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE REG	GULAT	ORY AUTHORITY.			
ESTABLISHMENT	OWNER:			N CESSATION OF YOUR FOOD OP				PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:			ER:	COUNTY:				
CITY/ZIP:		PHONE:		FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT PURPOSE	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCEF	RY STOR	E		TITUTION IP.FOOD	MOBILE	VENDO	RS
Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Dis License No.	PUBLIC	WAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY PRIVATE				NON-COMMUNITY PRIVATE Date Sampled Results						
		RISK FACT	FORS AND) INTE	RVENT	IONS						
	preparation practices and employee eaks. Public health interventions							ontrol a	nd Prevention as con	ntributing fa	ctors in	
Compliance	Demonstration of Kn				mpliance	s or injury		Pot	tentially Hazardous F	oods	С	OS R
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN (OUT N	/O N/A	Proper	r cookir	ng, time and tempera	iture		
	Employee Hea			IN (/0 N/A			ating procedures for h			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction		-		IN OUT N/O N/A IN OUT N/O N/A			Proper cooling time and temperatures Proper hot holding temperatures				
	Good Hygienic Pra	actices			IN OUT N/A		Proper	Proper cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose a					VO N/A			narking and disposition blic health control (pr			
IN OUT N/O				IN	OUT N	I/O N/A	record				_	
IN OUT N/O	Preventing Contamination Hands clean and properly washed			IN	OUT	N/A	Consu		Consumer Advisory lvisory provided for ra food			
IN OUT N/O No bare hand contact with ready-t approved alternate method proper								ly Susceptible Popul	ations			
IN OUT	Adequate handwashing facilities accessible			IN (OUT N	/O N/A	Pasteu		oods used, prohibited	d foods not		
	Approved Sou				0.UT				Chemical			
IN OUT	Food obtained from approved so Food received at proper tempera					N/A			es: approved and prop nces properly identifie		nd	
IN OUT N/O N/A				IN OUT		used						
	Required records available: shells							ormance with Approved Procedures nce with approved Specialized Process				
IN OUT N/O N/A	V OUT N/O N/A destruction Protection from Contarr					and HA						
IN OUT N/A	Food separated and protected			The	letter to	the left of	f each ite	em indi	icates that item's stat	us at the tir	ne of the	
IN OUT N/A				inspection. IN = in compliance			(OUT = not in complia	nco			
IN OUT N/O Proper disposition of returned, pre		reviously served,		N/A = not applicable				1	N/O = not observed			
IN OUT N/O	reconditioned, and unsafe food					Correcte	d On Sit	te	R=Repeat Item	_		
	Good Retail Practices are prevent		OD RETAIL			aens, ch	emicals.	and pl	hysical objects into fo	ods.		
IN OUT	Safe Food and Water		COS R	IN	OUT	<u><u> </u></u>			r Use of Utensils		COS	R
	urized eggs used where required r and ice from approved source			-			tensils: p		<u>y stored</u> d linens: properly sto	red dried		
Water						d						
Adequ	Food Temperature Contro Adequate equipment for temperature cont						use/single-service articles: properly stored, used used properly			1		
Appro	Adequate equipment for temperature control Approved thawing methods used						Utens	sils, Eq	uipment and Vending			
Thermometers provided and accurate								ontact surfaces cleanable, properly		'		
						signed, constructed, and used irewashing facilities: installed, maintained, used; tes			t			
Food				Nonfood-contact surfaces clea								
Insect	nation				Hot and	cold wat		sical Facilities ilable; adequate pres	sure			
Conta	eparation, storage							per backflow devices				
and display Personal cleanliness: clean outer clothing, hai		g, hair restraint,				Sewage	and was	stewate	er properly disposed			
finger			_		Toilet fo	ilet facilities: properly constructed, supplied, cleaned			_			
	Wiping cloths: properly used and stored Fruits and vegetables washed before use					Garbage	rbage/refuse properly disposed; f			maintained		
Demor in Ol								s instal	led, maintained, and			
Person in Charge /1	Emailed to alexpate 14	80@gmail.com						Date:				
Inspector:	yn fecent hyn Ma	dha	Te	elepho	ne No.	EPH		Follo	w-up: w-up Date:	Yes		No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COP	Pγ	C	ANARY - FI		2	.p			E6.37



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	DOD ESTABLISHMENT		PAGE ² of					
ESTABLISHMENT	NAME	ADDRESS		CITY /ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODU			TEMP. ii	n ° F	
Code		PRIORITY IT	EMS			Correct by	Initial	
Reference	Priority items contribute directly to or injury. These items MUST RE	the elimination, prevention or reduction CEIVE IMMEDIATE ACTION within 72 I	to an acceptable level, hazar hours or as stated.	rds associated	d with foodborne illness	(date)	mua	
Code Reference	Core items relate to general sanit	CORE ITEI ation, operational controls, facilities or str	MS ructures, equipment design, c	neneral mainte	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (S	SSOPs). These items are to be corrected	ed by the next regular insp	ection or as s	stated.	(44(0))		
		EDUCATION PROVID	DED OR COMMENTS					
Person in Ch	Person in Charge /Title: Emailed to alexpatel1480@gmail.com Date:							
Inspector:	- 1		Telephone No.	EPHS No.	Follow-up:	Yes	No	
MO 580-1814 (9-13)	Katilypo frant	//////////////////////////////////////		OPY	Follow-up Date:		E6.37A	