

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 R	OUTINE	INSPE	TION THIS DAY, THE ITEMS N CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	N WRI	TING BY 1	THE REG	SULAT	ORY AUTHORITY. FAII			
				OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:					UK FOOI		PERSON IN CHARGE:			
ADDRESS:				-	ESTABLISHMENT					NUMBE	R:	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER					DELI GROCERY STORE SUMMER F.P. TAVERN				E INSTITUTION MOBILE VENDORS TEMP.FOOD						
PURPO P	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable					WAGE DISPOSAL WATER SUPPLY COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results					
	License	No	<u> </u>	PRIV		AND	INITE		TIONIO	Date	Samp		Nesults .		
Diel. fe				RISK FAC						0-	-41 -	ad Danisation on contrib		:	
			preparation practices and emplo eaks. Public health intervention								ntroi a	nd Prevention as contrib	outing facto	ors in	
Complia	nce		Demonstration of		COS	R	R Compliance			-		tentially Hazardous Food		COS	S R
IN O	UT		Person in charge present, demonstrates knowledge, and performs duties				IN	IN OUT N/O N/A		Proper cooking, time and temperature		Э			
INI -			Employee H				IN OUT N/O N/A					ating procedures for hot l			
	UT UT		Management awareness; poli- Proper use of reporting, restric		-	-	IN OUT N/O N/A IN OUT N/O N/A					ng time and temperatures olding temperatures	3		
			Good Hygienic	Practices				OUT	N/A	Proper	cold h	nolding temperatures			
	UT N/C		Proper eating, tasting, drinking No discharge from eyes, nose			_	IN	OUT	N/O N/A			marking and disposition blic health control (proce	nduron /		
IN O	UT N/C)	3				IN	OUT	N/O N/A	records		u.	duies /		
IN O	UT N/O)	Preventing Contamin Hands clean and properly was				IN	OUT	N/A			Consumer Advisory dvisory provided for raw of	or		
IN 0	UT N/C	`	No bare hand contact with rea	ady-to-eat foods or			1	undercook				tood nly Susceptible Populatio	ons		
			approved alternate method pr				Do			Dootou	ri=od i	inada waad arabibitad fa	ada nat		
IN OUT Adequate handwash accessible								IN OUT N/O N/A			опегеа				
IN OUT Food obtaine			Approved S Food obtained from approved	pproved Source			IN OUT N/A			Chemical Food additives: approved and properly used					
IN OUT N/O N/A			Food received at proper temperature				IN OUT Tox					ubstances properly identified, stored and			
IN OUT			Food in good condition, safe and unadulterated									ance with Approved Prod			
INI CHIE NI/CI NI/A		O N/A	Required records available: shellstock tags, parasite destruction				IN OUT N//		N/A	Compliance with approved Specialized Process and HACCP plan				5	
			Protection from Co												
IN O	UT	N/A	Food separated and protected				The letter to the left of each inspection.			f each ite	em ind	icates that item's status a	at the time	of the	
IN O	UT	N/A	Food-contact surfaces cleane					IN =	in complia						
IN C	IN OUT N/O		Proper disposition of returned, previously served, reconditioned, and unsafe food						= not appl S=Correcte			N/O = not observed R=Repeat Item			
			reconditioned, and another rec		OOD RE	TAIL	PRACT								
	,	•	Good Retail Practices are preven					_	nogens, ch			 	S.		,
IN	OUT	Paste	Safe Food and Warurized eggs used where require		cos	R	IN	OUT	In-use i	Proper Use of Utensils e utensils: properly stored			cos	R	
	Water		and ice from approved source	u					Utensils	ils, equipment and linens: properly stored, dried			, dried,		
-			Food Temperature Co	ontrol			-		handled Single-i		-servi	ce articles: properly store	ed used		1
			uate equipment for temperature	control		1	1			-use/single-service articles: properly stored, used sused properly					
			ved thawing methods used						F			quipment and Vending			
		Thermometers provided and accurate										tact surfaces cleanable, and used	properly		
			Food Identification	n					Warewa strips us	-	cilities	installed, maintained, us	sed; test		
		Food	properly labeled; original contain					Nonfood-contac							
		Incart	Prevention of Food Conta s, rodents, and animals not pres				1		Hot and			rsical Facilities iilable; adequate pressur	~	-	
	Contamination prevented during food pre					1					per backflow devices	<u>. </u>		1	
and display Personal cleanliness: clean outer cloth		hing hair restraint			-		Sawaca	and westewater properly disposed					1		
Personal cleanliness: clean outer fingernails and jewelry Wiping cloths: properly used and Fruits and vegetables washed be			nails and jewelry							age and wastewater properly disposed					
			g cloths: properly used and store	ed								y constructed, supplied, o			1
			and vegetables washed before	uoc			1					ly disposed; facilities ma led, maintained, and clea			1
Perso	n in Ch	arge /T	itle: / //						, , , , , , , , , , , , , , , , , , , ,		Date			•	•
Inco-	otor: 1/		Brun & Hancon	<u> </u>		IT.	lonha	no Nic	LEDIT	C NI=	Cell-		/00		lo.
Inspector: Lathy Person					le	iehiio	ne No	. EPH			w-up:	es/es	r	VО	



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	FSTARI	ISHMENT	INSPECTIO	N REPORT
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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	0			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	° F FOOD PRODUCT/ LOCAT			ON TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction 'E IMMEDIATE ACTION within 7	on to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
							BSH	
Code Reference	Core items relate to general sanitation	CORE IT, operational controls, facilities or	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOF	s). These items are to be corre	ected by the next regular insp	pection or as	stated.		RIA	
							BSH	
							BSH	
							BSH	
		EDUCATION PROV	VIDED OR COMMENTS					
Person in Ch	arge /Title: I Hans				Date:			
Inspector: /	Catalyno Round	<u>. </u>	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

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