

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 NO CTION, OR SUCH SHORTER PEI	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE REG	ULATORY AUTHORIT				
ESTABLISHMENT	IN THIS NOTICE MAY RESULT IN CESSATI OWNER:			<u>3341101</u>				PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBE	R: COUNTY:	COUNTY:			
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORIT	Y: H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT PURPOSE	C. STORE CATERE SCHOOL SENIOR		l MER F.P.		GROCEF	RY STOR	E	INSTITUTION TEMP.FOOD	MOBILE	VENDO	રડ	
Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disa License No.	approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVAT			UPPLY IUNITY			COMMUNITY Sampled	PRIVAT Result	Е s		
		RISK FACT	FORS AND) INTE	RVENT	IONS						
	preparation practices and employe eaks. Public health interventions							ntrol and Prevention as	contributing fa	ctors in		
Compliance	Demonstration of Kr				mpliance	s or injury	·	Potentially Hazardou	us Foods	CC	DS R	
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN (OUT N	/O N/A	Proper	cooking, time and temp	perature			
	Employee Hea	alth		IN (OUT N	/O N/A	Proper	reheating procedures	for hot holding			
IN OUT	Management awareness; policy			IN (/O N/A		cooling time and temperature				
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT N</u> OUT	I/O N/A N/A		hot holding temperatur cold holding temperatur				
IN OUT N/O	Proper eating, tasting, drinking o					I/O N/A		date marking and dispo				
IN OUT N/O	No discharge from eyes, nose a			IN	OUT N	I/O N/A	records					
IN OUT N/O	Preventing Contamination Hands clean and properly washed			IN	OUT	N/A		Consumer Advi mer advisory provided f ooked food				
IN OUT N/O No bare hand contact with ready-t							Highly Susceptible Po	opulations				
IN OUT	approved alternate method prop Adequate handwashing facilities accessible			IN (OUT N	/O N/A	Pasteu	rized foods used, prohi	bited foods not			
	Approved Sou	rce					Ullered	Chemical				
IN OUT	Food obtained from approved so			IN	OUT	N/A		dditives: approved and				
IN OUT N/O N/A	Food received at proper tempera	ature		IN	OUT		Toxic s used	substances properly ide	ntified, stored a	nd		
IN OUT	Food in good condition, safe and							nformance with Approv				
IN OUT N/O N/A	Required records available: shel	0.71		IN	OUT	N/A		ance with approved Sp ACCP plan	ecialized Proce	SS		
IN OUT N/A	Protection from Cont Food separated and protected	amination		The	letter to	the left of	f each ite	em indicates that item's	status at the tir	ne of the		
IN OUT N/A				inspection.								
IN OUT NO Proper disposition of returned, prev				IN = in compliance N/A = not applicable COS=Corrected On Site			icable	N/O = not observ	OUT = not in compliance N/O = not observed			
	reconditioned, and unsafe food					=Correcte	d On Sit	e R=Repeat Item		_	_	
	Good Retail Practices are prevent		OD RETAIL			aens, che	emicals.	and physical objects in	to foods.			
IN OUT	Safe Food and Water		COS R	IN	OUT	<u><u> </u></u>		Proper Use of Utensils		COS	R	
	urized eggs used where required and ice from approved source				\vdash			properly stored ent and linens: properly	stored dried			
vvaler						handled						
Adagu	Food Temperature Contro					use/single-service articles: properly stored, used used properly						
Adequate equipment for temperature cont Approved thawing methods used				Gioves us			sils, Equipment and Ver	nding				
Therm	Thermometers provided and accurate						od and nonfood-contact surfaces cleanable, signed, constructed, and used			r		
Food Identification						Warewa	shing fac	ucted, and used cilities: installed, mainta	ined, used; tes	:		
Food properly labeled; original container						strips us Nonfood		surfaces clean				
Prevention of Food Contamina								Physical Facilities				
Insects, rodents, and animals not present Contamination prevented during food prep				-				er available; adequate ed; proper backflow dev	vailable; adequate pressure			
and display				_			•				_	
Personal cleanliness: clean outer clothing, h fingernails and jewelry							Sewage and wastewater properly disposed					
Wiping cloths: properly used and stored							ilet facilities: properly constructed, supplied, cl arbage/refuse properly disposed; facilities mair					
Fruits	Fruits and vegetables washed before use							s installed, maintained,				
Person in Charge /T	Title:	oil Patol		-				Date:				
	Report was emailed to N	כוו דמופו	T	elepho	ne No.	EPH	S No.	Follow-up:	Yes		No	
Inspector atty	Kan Jun X Mary			•				Follow-up Date:				
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COF	γ	C	CANARY – FI	LE COPY				E6.37	



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

	OOD ESTABLISHMENT II		PAGE ² of				
ESTABLISHMEN	Γ NAME	ADDRESS		CITY /ZIF	5		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	n°F
Code		PRIORITY IT	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	rds associate	d with foodborne illness	(date)	initial
Code Reference	Core items relate to general sanitatio	CORE ITE n, operational controls, facilities or st	ructures, equipment design, o	general maint	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSO	Ps). These items are to be correct	ed by the next regular insp	ection or as	stated.		
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	arge /Title: Report was emailed	to Neil Patel			Date:		
Inspector:	Intyp Peart	Punch Madar	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		/ // DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C	OPY	i ollow-up Date.		E6.37A