

MO 580-1814 (9-18)

## 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 F	ROUTINE	E INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	<b>MAY BE</b>	SPEC	IFIED	IN WR	TING BY	THE REC	<b>GULA</b>	LITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO		
ESTABLISHMENT NAME:				OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOUNDER:				UR FUC	JD OF	PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT				NUMBI	ER:	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L
ESTABLISHMENT TYPE  BAKERY C. STORE CATEREI  RESTAURANT SCHOOL SENIOR (					DELI GROCERY STORE NTER SUMMER F.P. TAVERN				RE		INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPO	OSE Pre-oper	ning	Routine Follow-up	Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY					NON-COMMUNITY PRIVATE					
	Licens	e No		PRIV	ATE					Date	Sam	pled Results		
				RISK FAC										
			preparation practices and emplo eaks. Public health intervention								ontrol	and Prevention as contributing fact	ors in	
Compli		33 Outbi	Demonstration of		COS			mplianc		y.	Р	otentially Hazardous Foods	СО	S R
IN C	DUT		Person in charge present, demonstrates knowledge,				IN	OUT	N/O N/A	Proper cooking, time and temperature		king, time and temperature		
			and performs duties  Employee H	lealth					N/O N/A					
IN (	TUC		Management awareness; poli	cy present			_		N/O N/A	Prope	r cool	ing time and temperatures		
IN (	TUC		Proper use of reporting, restriction Good Hygienic						N/O N/A			nolding temperatures holding temperatures		
IN C	OUT N/	)	Proper eating, tasting, drinking					OUT	N/O N/A			marking and disposition		
IN (	OUT N/	0	No discharge from eyes, nose	and mouth			IN		N/O N/A			ublic health control (procedures /		
			Preventing Contamin	ation by Hands			1			record	s)	Consumer Advisory		
IN (	OUT N/0	)	Hands clean and properly washed				IN	OUT				advisory provided for raw or		
			No bare hand contact with ready-to-eat foods or						undercooked			ghly Susceptible Populations		
IN (	OUT N/	<u>)</u>	approved alternate method properly followed											
IN C	IN OUT		Adequate handwashing facilities supplied & accessible				IN	OUT	N/O N/A	опегеа				
IN (	DUT		Approved S Food obtained from approved			-	INI	OUT	N/A	Food :	additiv	Chemical ves: approved and properly used		
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT Toxi					ances properly identified, stored an	d	
IN (	IN OUT		Food in good condition, safe and unadulterated									nance with Approved Procedures		
IN C	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction								pliance with approved Specialized Process HACCP plan			
CUT Food sono			Protection from Co Food separated and protected	Protection from Contamination			The	The letter to the left o		-f				
	DUT	N/A				_		The letter to the left of each item indicates that item's status at the t inspection.					or title	
IN (	IN OUT N/A		Food-contact surfaces cleaned & sanitized					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed						
IN (			Proper disposition of returned, previously served, reconditioned, and unsafe food					COS=Correcte						
			Oaad Datail Desetions are more		OOD RE							abouted abjects into foods		
IN	OUT		Safe Food and Wa		COS	R	IN	OUT	nogens, cr	, chemicals, and physical objects into foods.  Proper Use of Utensils			COS	R
	Paste		urized eggs used where require							use utensils: properly stored ensils, equipment and linens: properly stored, drie				
			and ice from approved source						Utensils					
			Food Temperature Co						Single-u	use/singl		vice articles: properly stored, used		
			uate equipment for temperature ved thawing methods used	control					Gloves	used properly		Equipment and Vending		
			nometers provided and accurate	:					Food ar			ntact surfaces cleanable, properly		
			·							designed, constructer Warewashing facilitie strips used Nonfood-contact surf				
			Food Identification									s: installed, maintained, used; test		
		Food	properly labeled; original contain						Nonfoo					
		Insect	Prevention of Food Conta s, rodents, and animals not pre-						Hot and	l cold wa		nysical Facilities vailable; adequate pressure		
			mination prevented during food				1					oper backflow devices		
	and display  Personal cleanliness: clean outer clothi fingernails and jewelry			hing hair restraint			Source and		and wo	stev	ater properly disposed			
									Sewage and wastewater properly disposed					
			g cloths: properly used and stor						Toilet fa	cilities: p	rope	rly constructed, supplied, cleaned		
Fruits and		FruitS	and vegetables washed before	use			-					erly disposed; facilities maintained alled, maintained, and clean	1	
Pers	on in Cl	narge /T	itle: Ma	' ^			-		. , ,	Ī	Dat		•	•
1	1		wayn I'lly			1-	lo!-	ne No	1	10.11	F. "			NI-
inspe	ECIOT:	;.1F	Inspector:  Mayor My  Inspector:  Mayor My  Inspector:							IS No.		ow-up: Yes ow-up Date:	I	No



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

## FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN <sup>*</sup>	T NAME	ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TON	TEMP. in ° F		
Code	2	PRIORITY	ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction of reduction in the control of the control o	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
							WM	
							w M	
							•	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE IT , operational controls, facilities or	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
		.,	,				v M	
							WM	
							w M	
							WIVI	
		EDUCATION PROV	/IDED OR COMMENTS					
Person in Ch	arge /Title: \(\int_{\hat{Av}} \mathrew{M}\)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Date:			
Inspector:	arge /Title: Wayn M Ulani II I Saylor Brady		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	