

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 CTION, OR SUCH SHORTER	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	N WRI	TING BY 1	THE REG	ULATORY AUTHO				
ESTABLISHMENT NAME:				OWNER:	O IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:					01(100)		PERSON IN CHARGE:			
ADDRESS:				•	ESTABLISHMENT					NUMBE	R: COUNTY:	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:			P.H. PRIOF	RITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CEI					DELI GROCERY STORE ENTER SUMMER F.P. TAVERN					RE INSTITUTION MOBILE VENDORS TEMP.FOOD					
PURPO P	SE re-openi	ng	Routine Follow-u	p Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPO	E DISPOSAL WATER SUPPLY COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results					
	License	No		PRIV						Date	sampleu		Result	.5	
D: 1 (r r	RISK FA							1.1.15				
			reparation practices and empleaks. Public health intervent								ntrol and Prevention	as contr	ributing fa	ctors in	
Complia	nce		Demonstration of	•	COS	R	Co	mpliance	Э		Potentially Haza			C	OS R
IN O	UT		Person in charge present, de and performs duties	emonstrates knowledge,			IN OUT N/O N/A Proper cooking, time and			emperatu	ıre				
			Employee						N/O N/A	N/A Proper reheating procedures for ho					
	UT UT		Management awareness; po Proper use of reporting, rest				_		N/O N/A		cooling time and te hot holding tempera		es		
			Good Hygienic					OUT	N/A		cold holding tempe				
	UT N/C		Proper eating, tasting, drinking No discharge from eyes, nos			_	IN	OUT	N/O N/A		date marking and d				
IN O	UT N/C)	<u> </u>				IN	OUT	N/O N/A	records			cedures /		
IN O	UT N/O)	Preventing Contami Hands clean and properly wa			-	IN	OUT	N/A		Consumer A mer advisory provide		w or		
			No bare hand contact with re	eady-to-eat foods or			<u> </u>			underco	ooked food Highly Susceptible	e Popula	tions		
	UT N/C	,	approved alternate method p	properly followed						Dist					
IN O	IN OUT Adequate handwashing facilities accessible						IN	OUT	N/O N/A	offered			tooas not		
IN O	UT		Approved Food obtained from approve			-	INI	OUT	N/A	Food a	Chemio dditives: approved a		orly used		
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT To				substances properly identified, stored and				
IN O			Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite							Conformance with Approved Procedures					
IN O	UT N/C	O N/A	Required records available: destruction	shellstock tags, parasite	1		IN OUT N/A			Compliance with approved Specialized Process and HACCP plan				ess	
			Protection from C				1_								
IN O	UT	N/A	Food separated and protecte				The letter to the left of each inspection.				m indicates that iter	n's statu	s at the tir	ne of the	
IN O	UT	N/A	Food-contact surfaces clean		d .			IN = in compliance N/A = not applicable			OUT = not in		ce		
IN C	IN OUT N/O Proper disposition of returned reconditioned, and unsafe for			,					oplicable N/O = not observed cted On Site R=Repeat Item						
			, , , , , , , , , , , , , , , , , , , ,		OOD RE	TAIL	PRACT	TICES			•				
			Good Retail Practices are pre		ontrol the				nogens, ch				ds.		
IN OUT		Paste	Safe Food and Water eurized eggs used where required			R	IN	OUT	In-use u	Proper Use of Utensils e utensils: properly stored			cos	R	
			r and ice from approved source						Utensils	ils, equipment and linens: properly stored, dried,					
			Food Temperature (Control			-		handled Single-	se/single-service articles: properly stored, used			1		
		Adequ	ate equipment for temperature	e control			1			used prop		openy su	orea, usec	1	
		Approved thawing methods used							F		ils, Equipment and				
	Thermometers provided and accurate		e				designed, construc		d-contact surfaces ucted, and used	cieanable	e, properiy	′			
			Food Identification	on					Warewa		ilities: installed, ma	intained,	used; tes	t	
	Food properly labeled; original container Prevention of Food Contaminat									surfaces clean					
						1		Hot and	cold wat	Physical Facilities		uro			
Insects, rodents, and animals not present Contamination prevented during food present and display Personal cleanliness: clean outer clothing fingernails and jewelry			rodents, and animals not present nination prevented during food preparation, storage								er available; adequa d; proper backflow		uit		
		splay				-			ge and wastewater properly disposed						
					<u> </u>		Sewage	anu was	Lewater property dis	sposeu					
Wiping cloths: properly used and stored										roperly constructed,					
-		ruits	and vegetables washed before	e use			1				properly disposed; fainstalled, maintaine			1	
Perso	n in Ch	arge /T	itle: Atauri				В		, 0.34		Date:	.,		· ·	
			antimon			1-	ا -ادما	no NI.	1 5::=	C N =	Fallance		Va -		Nic
inspe	ctor: (atilyn	Heart			ıe	epno	ne No	. PHE		Follow-up: Follow-up Date:		Yes		No



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D	2		
PAGE		٥f	

ESTABLISHMENT	NAME	ADDRESS		CITY/ZIF		·	
F00	DD PRODUCT/LOCATION		FOOD PRODU	ICT/ LOCAT	ATION		
FUC	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICI/ LOCAT	ION	TEMP. in ° F	
0.4.		PRIORI	TV ITEMO			0	1.20.1
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	limination, prevention or redu	TY ITEMS uction to an acceptable level, haza	rds associate	d with foodborne illness	Correct by (date)	Initial
	or injury. These items MUST RECEIVE	IMMEDIATE ACTION withi	n 72 hours or as stated.			` ′	
Code		CORI	E ITEMS			Correct by	Initial
Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilities	or structures, equipment design.	general maint	enance or sanitation	(date)	
	standard operating procedures (SSOFS). These items are to be co	orrected by the next regular insp	ection or as	stateu.		
		EDI ICATIONI DE	OVIDED OR COMMENTS				
		EDUCATION PR	OVIDED OR COMMENTS				
Person in Ch	arge /Title:				Date:		
Inspector: 1/			Telephone No.	PHES No.	Follow-up:	Yes	No
γ.	atilyn Reart		. Siophiono 110.		Follow-up Date:		

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