

MO 580-1814 (9-13)

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 RO	UTINE	INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REC	SULA	LITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO			
ESTABLISHMENT NAME:				OWNER:	O IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:				UK FOO	D OF	PERATIONS. PERSON IN CHARGE:				
ADDRESS:				-	ESTABL				SHMENT NUMBER:			COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATEREI RESTAURANT SCHOOL SENIOR					DELI GROCERY STORE ENTER SUMMER F.P. TAVERN				RE		INSTITUTION MOBILE VENDORS TEMP.FOOD				
PURPOS Pre	E e-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable					SEWAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY					NON-COMMUNITY PRIVATE					
1	License	No		PRIV	ATE					Date	Sam	pled Results			
				RISK FAC											
			reparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing fact	ors in		
Complian		3 Outbit	Demonstration of		COS			mpliance		y .	Р	otentially Hazardous Foods	СО	S R	
IN OU	IT		Person in charge present, demonstrates knowledge,				IN	OUT	N/O N/A	Dropor cooking time and temperature		king, time and temperature			
	•		and performs duties Employee Health						N/O N/A	Proper	reh	eating procedures for hot holding			
IN OL	JT		Management awareness; poli	cy present					N/O N/A	O N/A Proper cooling time and temperatures					
IN OU	IT		Proper use of reporting, restriction Good Hygienic						N/O N/A N/A						
IN OU	T N/O		Proper eating, tasting, drinking			+		OUT	N/O N/A	• •					
IN OU	IT N/C)	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 OU	JT N/O		Hands clean and properly washed				IN	OUT	N/A			advisory provided for raw or			
			No bare hand contact with ready-to-eat foods or				+			undercooked food Highly Susceptible Populations					
IN OU	IN OUT N/O		approved alternate method properly followed												
IN OUT			Adequate handwashing facilities supplied & accessible				IN	OUT	N/O N/A	oπerea					
IN OU	Т		Approved S Food obtained from approved				INI	OUT	N/A	Food a	additiv	Chemical ves: approved and properly used			
IN OUT N/O N/A) N/A	Food received at proper temperature							Toxic		ances properly identified, stored an	d		
IN OUT			Food in good condition, safe and unadulterated							Conformance with Approved Procedures					
IN OUT N/O N/A		N/A	Required records available: shellstock tags, parasite destruction				IN	OUT	N/A Compliance with approved Specialized Proc and HACCP plan				5		
Protection from Cont IN OUT N/A Food separated and protected				_	The	lottor t	o the left o	t of each item indicates that item's status at the time su							
IN OU		N/A	<u> </u>					The letter to the left of each item indicates that item's status at the tin inspection.					oi tile		
IN OU	IN OUT N/A		Food-contact surfaces cleaned & sanitized Proper disposition of returned, previously served,				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OL			reconditioned, and unsafe foo							orrected On Site R=Repeat Item					
					OOD RE										
IN	OUT		Safe Food and Wa		cos	e introd R	IN	OUT	nogens, ch	chemicals, and physical objects into foods. Proper Use of Utensils			COS	R	
			urized eggs used where require							use utensils: properly stored		rly stored			
Water		Water	r and ice from approved source						Utensils	sils, equipment and linens: properly stored, dri					
			Food Temperature Co								e-ser	vice articles: properly stored, used			
			ate equipment for temperature	control					Gloves	Gloves used properly					
+			ved thawing methods used cometers provided and accurate	<u> </u>	 	+-	1		Food ar			Equipment and Vending ntact surfaces cleanable, properly			
			·						designe	esigned, constructed, ar arewashing facilities: in rips used onfood-contact surfaces		d, and used			
			Food Identification	n								s: installed, maintained, used; test			
		Food	properly labeled; original contain												
\vdash		Insect	Prevention of Food Conta s, rodents, and animals not pre-				+	-	Hot and	cold wa		nysical Facilities vailable; adequate pressure			
		Conta	mination prevented during food				1					oper backflow devices			
\vdash	and display Personal cleanliness: clean outer clothingernails and jewelry			hing hair restraint			+	Sewage and wastewater properl		ater properly disposed					
									· ·						
\vdash	Wiping cloths: properly used and store Fruits and vegetables washed before u					Toilet faciliti		cilities: p	rope	rly constructed, supplied, cleaned erly disposed; facilities maintained					
riults and vegetables washed before use		uoc			1					alled, maintained, and clean	1				
Person	in Ch	arge /T	itle: //a cal. M	1. 1.							Date	e:			
Inspect	tor: 、		itle: Wayn M	y ·		Te	lepho	ne No	. EPH	IS No.	Foll	ow-up: Yes	ı	No	
' '	_	ML	Therese				-					ow-up Date:			



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

PAGE 2 of

ESTABLISHMEN	TNAME	ADDRESS			CITY/ZII	CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	F	JCT/ LOCAT	TION	TEMP. in ° F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIO elimination, prevention or re- E IMMEDIATE ACTION wit	RITY ITEMS duction to an accepta hin 72 hours or as s	able level, haza stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
								W C	
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.								
			PROVIDED OR CO					WM WM	
		EBOOKHOIVI	NOVIDED ON OC	NVIIVILITIO					
Person in Ch	large /Title: Vann M	h //				Date:			
Inspector:	Main & House	DISTRIBUTION: WHITE - OWNE		phone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	