

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	CTION, OR SUCH SHORTER P	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	ITING BY 1	THE REG	FACILITIES WHICH MUST BE CORRECULATORY AUTHORITY. FAILURE TO				
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:				OWNER:					ON OF TO	OK TOOL	PERSON IN CHARGE:				
ADDRESS:				-	ESTABLISHME				SHMENT	NUMBER: COUNTY:					
CITY/ZIP:				PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L		
B R	ISHMEN AKERY ESTAUI		C. STORE CATER SCHOOL SENIO		ELI IMMER F	P.		GROCI AVERI	ERY STOR	RE	INSTITUTION MOBILE V	ENDOR	S		
PURPO:	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er									
	EN DE		approved Not Applicable		WAGE DISPOSAL WATER SUPPLY COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results					
	License	No		PRIV						Date	Sampled Results				
Di L C				RISK FAC							to the difference of the first factor				
			preparation practices and emplo eaks. Public health interventio								ntrol and Prevention as contributing factor	ors in			
Complia	nce		Demonstration of		COS	R	Со	mplianc	е		Potentially Hazardous Foods	CO	S R		
IN O	IN OUT		Person in charge present, demonstrates knowledge and performs duties				IN OUT N		N/O N/A	Proper	cooking, time and temperature				
			Employee H				_				reheating procedures for hot holding				
			Management awareness; police Proper use of reporting, restrict								cooling time and temperatures hot holding temperatures				
			Good Hygienic					OUT	N/A		cold holding temperatures				
	UT N/C		Proper eating, tasting, drinking				IN	OUT	N/O N/A		date marking and disposition				
IN O	UT N/C)	No discharge from eyes, nose				IN	OUT	N/O N/A	records					
IN O	UT N/O		Preventing Contamina Hands clean and properly was				IN	OUT	N/A		Consumer Advisory mer advisory provided for raw or				
			No bare hand contact with rea	dy-to-eat foods or					undercooked food Highly Susceptible Populations						
	UT N/C)	approved alternate method pro			Day			Diviti						
IN O	UT		Adequate handwashing facilities supplied & accessible							offered					
IN O	IIT		Approved Solution Approved Solution Approved Solution Approved			_	INI	OUT	N/A	Food a	Chemical dditives: approved and properly used				
			Food received at proper temperature				IN OUT				ubstances properly identified, stored and	i			
IN O	UT		Food in good condition, safe and unadulterated							Cor	nformance with Approved Procedures				
IN O	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction				IN OUT N/A		N/A	Compliance with approved Specialized Process and HACCP plan					
			Protection from Co								·				
IN O	UT	N/A	Food separated and protected				The letter to the left of each item indicates that item's status inspection.				m indicates that item's status at the time	of the			
IN O	UT	N/A	Food-contact surfaces cleaned & sanitized				IN = in compliance				OUT = not in compliance				
IN o	IN OUT N/O		Proper disposition of returned, previously served, reconditioned, and unsafe food				N/A = not applicable COS=Corrected On Site				N/O = not observed R=Repeat Item				
			reconditioned, and another rec		OOD RE	TAIL	PRAC ²				·				
	,		Good Retail Practices are preven						hogens, ch						
IN	OUT		Safe Food and Wat urized eggs used where require		COS	R	IN	OUT	In-use i	Proper Use of Utensils e utensils: properly stored		cos	R		
			and ice from approved source	<u> </u>					Utensils	ls, equipment and linens: properly stored, dried					
			Food Temperature Co	ontrol			1		handled Single-		-service articles: properly stored, used				
		Adequ	uate equipment for temperature	control			1			used prop					
Ap			ved thawing methods used							ils, Equipment and Vending					
		Inerm	nometers provided and accurate								d-contact surfaces cleanable, properly ucted, and used				
		Food Identification		1					Warewa		ilities: installed, maintained, used; test				
Fo		Food	d properly labeled; original container								surfaces clean				
	1		Prevention of Food Conta s, rodents, and animals not pres				1		Hot and	cold wate	Physical Facilities er available; adequate pressure				
Co			s, rodents, and animals not pres mination prevented during food				1				d; proper backflow devices				
		and di	display sonal cleanliness: clean outer clothing, hair restraint,									ļ			
	Personal cleanliness: clean outer fingernails and jewelry		nails and jewelry		ng, hair restraint,				Sewage	Sewage and wastewater properly disposed					
		Wiping	g cloths: properly used and stored								roperly constructed, supplied, cleaned				
-	Fruits		and vegetables washed before	use			1				properly disposed; facilities maintained installed, maintained, and clean				
Perso	n in Ch	arge /T	itle: JM W/1/49	<u> </u>			-	•	,0.00		Date:		1		
Inches	ctor:	11	(GE. 1001. B			IΤΛ	lenho	ne Na	риг	S No.	Follow-up: Yes		No		
Person in Charge /Title: Jolk. WA129 Inspector: Kathyn Pecunt					Telephone No. PHE			. [Follow-up. Fes Follow-up Date:	1	•0			



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	IT NAME	ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. ir	ı°F	
0.1.		PRIORITY	F5.140			0	1.20.1	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECE	PRIORITY I e elimination, prevention or reductior IVE IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
						()HN	
						Ì	,	
) <i>E</i> W	
						(JAN	
Code		CORE ITE	MS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSC	on, operational controls, facilities or s OPs). These items are to be correc	tructures, equipment design,	general maint	enance or sanitation stated.	(date)		
		EDUCATION PROVI	DED OR COMMENTS					
			DED OR COMMENTS					
Person in Ch	narge /Title:		DED OR COMMENTS		Date:			

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