

## 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 INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	ULATORY AUTHORITY. FAIL			
ESTABLISHMENT	IN THIS NOTICE MAY RESULT IN C OWNER:			55A1101				PERSON IN CHARGE:			
ADDRESS:	-	EST	ESTABLISHMENT NUMBER:			R: COUNTY:	COUNTY:				
CITY/ZIP:	PHONE:	FAX	FAX:			P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCEF	RY STOR	E	INSTITUTION M TEMP.FOOD	10BILE VE	NDOR	3
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Dis- License No.		PUBLIC COMMUNITY NON				I-COMMUNITY PRIVATE e Sampled Results					
		RISK FACT		D INTE	RVENT	IONS					
	preparation practices and employed							ntrol and Prevention as contribu	uting factor	s in	_
foodborne illness outbr Compliance	eaks. Public health interventions Demonstration of Kn				ne illnes: mpliance	s or injury		Potentially Hazardous Foods	s	COS	SF
IN OUT	Person in charge present, demo	<u> </u>			· · ·	I/O N/A	Proper	cooking, time and temperature			_
	and performs duties Employee Hea	llth		IN (		1/0 N/A	Proper	reheating procedures for hot h	oldina		
IN OUT	Management awareness; policy	present		IN (	N TUC	I/O N/A	Proper	cooling time and temperatures	ling time and temperatures		
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT N</u> OUT	1/0 N/A N/A		hot holding temperatures cold holding temperatures	holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking o	r tobacco use			OUT N		Proper	date marking and disposition			
IN OUT N/O	No discharge from eyes, nose ar	nd mouth		IN	OUT N	I/O N/A	Time as records	s a public health control (proced	dures /		
	Preventing Contamination						Canaur	Consumer Advisory ner advisory provided for raw o			
IN OUT N/O	Hands clean and properly washe	d		IN				ooked food			
IN OUT N/O	No bare hand contact with ready approved alternate method prop							Highly Susceptible Population	ns		
IN OUT	T Adequate handwashing facilities supp			IN				ed foods used, prohibited foods not			
	accessible Approved Sour	rce					offered	Chemical			
IN OUT Food obtained from approved source		urce		IN			dditives: approved and properly				
IN OUT N/O N/A	IN OUT N/O N/A Food received at proper temperatu			IN			Toxic s used	ubstances properly identified, s	stored and		
IN OUT							nformance with Approved Proc				
IN OUT N/O N/A	N OUT N/O N/A Required records available: shellstock tag			IN			ance with approved Specialized	d Process			
	Protection from Conta	amination		The	lattar ta	the left of	aaah ita	m indicatos that itam's status s	t the time of	fthe	
IN OUT N/A	First sector for a start sector and the second sector of the sector of t			The letter to the left of each item indicates that item's status at the time inspection.							
IN OUT N/A				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item							
			OD RETAI								
IN OUT	Good Retail Practices are prevent Safe Food and Water		COS R		OUT	ogens, che		and physical objects into foods. Proper Use of Utensils		COS	R
	urized eggs used where required						tensils: p	roperly stored			
Water	r and ice from approved source					Utensils, handled	s, equipment and linens: properly s d		dried,		
	Food Temperature Contro					Single-u		-service articles: properly store	d, used		
	Adequate equipment for temperature control Approved thawing methods used			_		Gloves L		perly ils, Equipment and Vending			-
Thern						d nonfoo	d-contact surfaces cleanable, p	properly			
						ed, constructed, and used vashing facilities: installed, maintained, used; tes					
	Food Identification					strips us	ed		00, 1001		
Food properly labeled; original container Prevention of Food Contamination				_		Nonfood	d-contact surfaces clean Physical Facilities				
	Insects, rodents, and animals not present						nd cold water available; adequate pressure				
	Contamination prevented during food preparation, storag and display					Plumbing	g installe	d; proper backflow devices	Т		
Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and was	tewater properly disposed			<u> </u>
fingernails and jewelry Wiping cloths: properly used and stored				_		Toilet fac	cilities: pi	roperly constructed, supplied, c	leaned		$\vdash$
	Fruits and vegetables washed before use					Garbage	Sarbage/refuse properly disposed; facilities maintained				1
Person in Charge /T	Title: Ar , 12 A					Physical	1	installed, maintained, and clea Date:	IN		<u> </u>
	Unitino Kat	*								<u> </u>	
Inspector: Type Miller at the Poort				Telephone No. PHES N				Follow-up: Yo Yo Follow-up Date:	es	Ν	٩٥
MO 580-1814'(9-18)	/ pundles terms	DISTRIBUTION: WHITE -	OWNER'S CO	PY	(	CANARY – FI		i olow-up Dale.			E6.37



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Maccox		SPECTION REPORT			PAGE 2 of		
ESTABLISHMEN	Γ NAME	ADDRESS	CITY /ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F	CT/ LOCATION		TEMP. in ° F		
Code Reference	Priority items contribute directly to the	PRIORITY II	TEMS	associated with	foodborne illness	Correct by (date)	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	VE IMMEDIATE ACTION within 72	hours or as stated.			(date)	CR
							UL
							CR
							CR
							012
Code Reference	Core items relate to general sanitation	CORE ITE n, operational controls, facilities or st	tructures, equipment design, ger	neral maintenand	ce or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOI	Ps). These items are to be correct	ted by the next regular inspect	tion or as state	d.		CR
							CR
			DED OR COMMENTS				
Person in Ch	arge /Title: /Y , //	<u> </u>		Dat	te:		
Inspector:	(malino ha	NH K	Telephone No.		low-up:	Yes	No
MO 580-1814 (9-13)	go CMully Katilyn Pecant	DISTRIBUTION: WHITE - OWNER'S COP		Fol	low-up Date:		E6.37A

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