

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESTABLISHMENT NAME: OWNER:													COMF	LY	
ADDRESS:						ESTABLISHMENT NUMBER:				ER:	: COUNTY:				
CITY/ZIP: PHONE:						FAX:					P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI						GROCERY STORE					STITUTION	MOBILE	VENDO	RS	
RESTAUF PURPOSE Pre-openi		SCHOOL SENIC		MMER F.I		<u> </u>	AVER	N		TEN	MP.FOOD				
FROZEN DESSERT SEWAGE DISPOSAL						TER SUPPLY									
Approved Disapproved Not Applicable PUBLIC License No. PRIVATI					(COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results								_	
Licono			RISK FAC		AND	INTE	RVEN	TIONS							
		preparation practices and emplo eaks. Public health intervention								ontrol a	and Prevention as cor	ntributing fac	tors in		
Compliance	55 Outbie	Demonstration of		COS	R		mpliance		Potentially Hazardous Foods				С	OS	R
IN OUT		Person in charge present, der				IN OUT N/O N/A Proper					ooking, time and temperature				
11 001		and performs duties Employee F	łealth	-				N/O N/A	Prone	hot holding					
IN OUT		Management awareness; poli	cy present					N/O N/A			ng time and temperat				
IN OUT		Proper use of reporting, restri						N/O N/A	Prope						
IN OUT N/O)	Good Hygienic Proper eating, tasting, drinking					OUT OUT	N/A N/O N/A			holding temperatures marking and dispositi				
IN OUT N/C)	No discharge from eyes, nose						N/O N/A	Time a	as a pu	ublic health control (pr				
		Preventing Contamin	ation by Hands				001	14/0 14//(record	ds)	Consumer Advisory	V			
IN OUT N/O		Hands clean and properly was				INI	OUT	N/A	Consu	umer a					
		No bare hand contact with rea	adv to got foods or			111	001	IN//A	under	undercooked food Highly Susceptible Populations					
IN OUT N/C)	approved alternate method pr							riigiliy Susceptible Populations						
IN OUT Adequate handwashing facilities supplied & accessible			es supplied &			IN (OUT	N/O N/A	Pasteurized foods used, prohibited foods not offered						
Approved Source						OUT				Chemical					
IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature							OUT	N/A			es: approved and pro inces properly identific		nd		
	J IN/A					IN	OUT		used						
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite										ance with Approved I with approved Specia		20			
IN OUT N/O N/A Required records available. Shellstock tags, parasite destruction						IN	OUT	N/A	and HACCP plan						
0117		Protection from Co Food separated and protected				The	lattar t	a tha laft a	f aaab it	lam ind	licates that item's stat	tua at tha tim	. af tha		
IN OUT	N/A	Food-contact surfaces cleane		-	_	The letter to the left of each item indicates that item's status at the time of the inspection.									
IN OUT	N/A							in complia not appl			OUT = not in complia N/O = not observed	ance			
IN OUT N/C)	Proper disposition of returned reconditioned, and unsafe for						S=Correcte			R=Repeat Item				
				OOD RET											
IN OUT		Good Retail Practices are prev		ntrol the	introd R	luction	of path	nogens, ch	emicals			oods.	000	. -	
IN OUT	Pastei	Safe Food and Wa urized eggs used where require		COS	ĸ	IIN	001	In-use u	ıtensils:		er Use of Utensils Ty stored		COS	S R	•
		and ice from approved source	_					Utensils	, equipn						
		Food Temperature Co	ontrol	+		}		handled Single-i	ed -use/single-service articles: properly stored, used					+	
	Adequ	ate equipment for temperature							s used properly						
		Approved thawing methods used						For death	Utensils, Equipment and Vending					Ŧ	
	rnerm	Thermometers provided and accurate							and nonfood-contact surfaces cleanable, properly ned, constructed, and used						
		Food Identification						Warewa strips us	ashing facilities: installed, maintained, used; test sed						
	Food	Food properly labeled; original container							d-contact surfaces clean						
	Insect	Prevention of Food Contamination nsects, rodents, and animals not present						Hot and	Physical Facilities nd cold water available; adequate pressure						
	Contamination prevented during food preparation, storage and display								bing installed; proper backflow devices						
	Perso	Personal cleanliness: clean outer clothing, hair restraint, fingernalis and jewelry						Sewage	and wa	astewat	ter properly disposed				
	Wiping	g cloths: properly used and store									ly constructed, supplie				
	Fruits	and vegetables washed before	use	+		-		Garbag	e/refuse	proper	rly disposed; facilities illed, maintained, and	maintained		+	
Person in Ch	arge /T	itle:	<u> </u>	un \cirl	n			Filysica	i iacilille	Date		uean			
Inspector: a	1.	A	.,,	,000	U	lenho	ne No	PHE	S No.	Follo	ow-up:	Yes		No	
Inspector: fry of Marky Kathan Pecart Telephone No. PHES No. Follow-up: Yes No Follow-up Date:												. 10			

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

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PAGE 2 of

ESTABLISHMENT NA	AME	ADDRESS				CITY/ZIP			
FOOD	PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCTA			ION	TEMP. in ° F		
Code Reference Pri	iority items contribute directly to the injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction /E IMMEDIATE ACTION within 7	ITEMS on to an ac 2 hours o	cceptable level, haza	rds associated	d with foodborne illness	Correct by (date)	Initial	
Code		CORE IT	EMO				Correct by	Initial	
Reference Co	ore items relate to general sanitation andard operating procedures (SSOF	, operational controls, facilities or	structures	, equipment design, q ne next regular insp	general maint	enance or sanitation stated.	(date)	IIIIIIai	
		EDUCATION PROV							
		EDUCATION PROV	IDED O	R COMMENTS					
Person in Charg	Person in Charge /Title:								
Inspector: Jun	n & Marky Kathrir Pecent	DISTRIBUTION: WHITE _ OWNER'S CO		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No F6 374	