

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	ROUTIN	E INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WR	TING BY	THE REC	GULA	LITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO			
ESTABLISHMENT NAME:				OWNER:	O IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR OWNER:				UK FUC	JD OF	PERATIONS. PERSON IN CHARGE:				
ADDRESS:				-	EST				ESTABLISHMENT NUMBER:			COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
	BLISHME BAKER' RESTAL	Y		DELI GROCERY STORE SUMMER F.P. TAVERN					INSTITUTION MOBILE VENDORS TEMP.FOOD						
PURP	OSE Pre-ope	ning	Routine Follow-up	Complaint	Oth	er									
	ZEN DI	ESSERT Disa	SEWAGE DISPOSAL WATER SUPP PUBLIC COMMUNI					TY NON-COMMUNITY PRIVATE							
	Licens	se No		PRIV	ATE					Date	Sam	pled Results			
				RISK FA											
			preparation practices and emplo eaks. Public health intervention								ontrol	and Prevention as contributing fac-	ors in		
Comp			Demonstration of		COS			mplianc			Р	otentially Hazardous Foods	CC)S R	
IN	OUT		Person in charge present, demonstrates knowledge,				IN	OUT	N/O N/A	Proper cooking, time and temperature					
			and performs duties Employee Health			-	IN	IN OUT N/O N/A Pr			r reh		-		
IN	OUT		Management awareness; poli	cy present			_		N/O N/A	Prope	r cool	ing time and temperatures			
IN	OUT		Proper use of reporting, restriction Good Hygienic		_				N/O N/A					_	
IN	OUT N	/O	Proper eating, tasting, drinking			+		OUT	N/A N/O N/A			marking and disposition		+	
IN	OUT N	/O	No discharge from eyes, nose						N/O N/A	Time a	as a p	ublic health control (procedures /			
			Preventing Contamin	ation by Hands					14/0 14//(record	s)	Consumer Advisory		_	
INI	OUT N/	10	Hands clean and properly was				INI	OUT	NI/A	Consu	ımer a	advisory provided for raw or		+	
IN	OUT N/	<u> </u>					IIN	undercook			cooke	d food			
IN	IN OUT N/O		No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Highly			ghly Susceptible Populations			
IN	IN OUT		Adequate handwashing facilities supplied & accessible				IN	OUT	N/O N/A Pasteurized foods used offered			foods used, prohibited foods not			
			Approved S	ource						Onoro	_	Chemical			
IN OUT			Food obtained from approved source				IN	IN OUT N/A							
IN	IN OUT N/O N/A		Food received at proper temperature				IN OUT			Toxic substances properly identified, stored and used			ď		
IN OUT			Food in good condition, safe and unadulterated				Con			Co		nance with Approved Procedures			
IN	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction				IN	IN OUT N/A Compliance and HACCP				with approved Specialized Proces Piplan	s		
			Protection from Co												
IN	IN OUT N/A Food separated and protect			I			The letter to the left of each item indicates that item's status at the timinspection.					e of the			
IN	IN OUT N/A		Food-contact surfaces cleaned & sanitized				IIISL	IN = in compliance OUT = not in compliance							
IN	N OUT N/O		Proper disposition of returned								N/O = not observed				
	reconditioned, and		reconditioned, and unsafe foo		-00D DE	- T A II	DD 4 0	PRACTICES		cted On Site R=Repeat Item					
			Good Retail Practices are prev						hodens ch	emicals	and	physical phiects into foods			
IN	OUT		Safe Food and Wa		COS	R	IN	OUT	nogens, er	Proper Use of Utensils			COS	R	
	Paste		urized eggs used where required							se utensils: properly stored				1	
			and ice from approved source						Utensils	sils, equipment and linens: properly stored, dried,					
			Food Temperature Co	ontrol							e-ser	vice articles: properly stored, used		1	
			ate equipment for temperature	control					Gloves	used pro					
		Approved thawing method Thermometers provided a		<u> </u>					Food ar			Equipment and Vending ntact surfaces cleanable, properly		-	
		THEIN	iometers provided and accurate	i					designe	d, const	ructe	d, and used			
			Food Identification	n							cilitie	s: installed, maintained, used; test			
		Food	properly labeled: original contain	perly labeled; original container				strips used Nonfood-contact s			t surfa	aces clean		-	
			Prevention of Food Conta	mination						Р		nysical Facilities			
			s, rodents, and animals not pre-									vailable; adequate pressure			
	Contamination prevented during food p and display Personal cleanliness: clean outer clothi			preparation, storage					Plumbing installed; prope		oper backflow devices				
				hing, hair restraint,			1	Sewage and		and wa	and wastewater properly disposed			1	
		finger	nails and jewelry				1		T=0.16	alliti -		dy constructed assemble 4 - 4 - 1 - 1			
	Wiping cloths: properly used and stored Fruits and vegetables washed before use					+	Toilet facilities: pr		prope	rly constructed, supplied, cleaned erly disposed; facilities maintained		+			
											alled, maintained, and clean				
Pers	son in C	harge /T	itle:								Dat	e:			
<u> </u>		, ,	war D	rnuz			1- '		1 ==-	0.11					
Insp	ector:	Ywyn X l	Muluy Latiya Pece	ux-		Ie	elepho	ne No	. EPH	S No.		ow-up: Yes ow-up Date:		No	



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		FOOD PRODU	JCT/ LOCAT	TON	TEMP. in ° F			
							Correct by	Initial		
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.									
								PR PR		
								ХX		
								XX		
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.									
			•	-				SK		
								PR PR		
								DA		
EDUCATION PROVIDED OR COMMENTS										
Person in Charge /Title: Sara Gralus										
Inspector:	lyn X Mully Kathyn Pe	cut		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		
MO 580-1814 (9-13)	" "	DISTRIBUTION: WHITE - OWNE	ED'S CODY	CANARY - FILE (OPV			E6.37A		