

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

TIME IN	TIME OUT					
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NEXT F	ROUTINE	INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WR	TING BY	THE REG	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN TH ESTABLISHMENT NAME:  OW				OWNER:						UK FUU	D OF	PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT NUMBE				SHMENT	NUMBE	R:	COUNTY:			
CITY/ZIP: PF				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER  RESTAURANT SCHOOL SENIOR C					DELI GROCERY STORE SUMMER F.P. TAVERN				RE		INSTITUTION MOBILE VENDORS TEMP.FOOD				
PURPO	OSE Pre-oper	ing	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY					Y NON-COMMUNITY PRIVATE						
	Licens	e No		PRIV	ATE					Date	Sam	pled Results			
				RISK FA											
			preparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing factor	ors in		
Compli			Demonstration of		COS			mplianc			Р	otentially Hazardous Foods	CO	S R	
IN C	DUT		Person in charge present, demonstrates knowledge,				IN	OUT	N/O N/A	Dropor acaking time and temperature					
			and performs duties  Employee Health			+	IN	OUT	N/O N/A	Proper	reh	eating procedures for hot holding			
IN (	TUC		Management awareness; poli	cy present			_		N/O N/A	Proper	cool	ing time and temperatures			
IN (	DUT		Proper use of reporting, restriction Good Hygienic						N/O N/A						
IN C	OUT N/O	)	Proper eating, tasting, drinking					OUT	N/A N/O N/A			marking and disposition			
IN (	OUT N/	2	No discharge from eyes, nose						N/O N/A	Time a	s a p	ublic health control (procedures /			
			Preventing Contamin	ation by Hands					14/0 14//(	records	s)	Consumer Advisory			
INI (	OUT N/0	`	Preventing Contamination by Hands Hands clean and properly washed				INI	OUT	NI/A	Consu	mer a	advisory provided for raw or			
IN (	JU1 N/C	,	. , ,				IIN	001	undercook			d food			
IN C	OUT N/	)	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Hiç			ghly Susceptible Populations			
IN C	IN OUT		Adequate handwashing facilities supplied & accessible				IN	OUT	N/O N/A Pasteurized offered			foods used, prohibited foods not			
			Approved S	ource						onered		Chemical			
IN OUT			Food obtained from approved source				IN	IN OUT N/A				ves: approved and properly used			
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT			Toxic substances properly identified, stored and used					
IN OUT			Food in good condition, safe and unadulterated				Confo				nforr	nance with Approved Procedures			
IN C	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction				IN OUT N/A			Compliance with approved Specialized Process and HACCP plan					
			Protection from Co	ontamination						<u> </u>		,	ı		
IN C	DUT	N/A	Food separated and protected					The letter to the left of each item indicates that item's status at the ti					of the		
IN C	DUT	N/A	Food-contact surfaces cleaned & sanitized				ınsp	inspection.  IN = in compliance  OUT = not in compliance							
IN (			Proper disposition of returned, previously served,			+	N/A = not applicable N/O					N/O = not observed			
IN OUT N/O		<u> </u>	reconditioned, and unsafe food								cted On Site R=Repeat Item				
			Cood Potail Practices are prov		OOD RE				hogono ob	omicolo	and	physical chicata into foods			
IN	OUT		Safe Food and Wa		COS	R	IN	OUT	nogens, cr	, chemicals, and physical objects into foods.  Proper Use of Utensils			COS	R	
			urized eggs used where require							-use utensils: properly s		y stored			
	Wate		and ice from approved source						Utensils		ent a	and linens: properly stored, dried,			
			Food Temperature Co	ontrol			-				e-ser	vice articles: properly stored, used			
			ate equipment for temperature	control						used properly					
			ved thawing methods used						Food or			Equipment and Vending			
		Inem	nometers provided and accurate	<b>;</b>						designed, constructed Warewashing facilities strips used Nonfood-contact surf		ntact surfaces cleanable, properly d. and used			
			Food Identification	n					Warewa			s: installed, maintained, used; test			
		Food	properly labeled; original contain	ner			1					aces clean	<u> </u>		
		Food	Prevention of Food Contain						NOTITOO			nysical Facilities			
			s, rodents, and animals not pre-	sent							ter av	vailable; adequate pressure			
	Contamination prevented during food p and display  Personal cleanliness: clean outer clothi fingernails and jewelry			preparation, storage					Plumbir	ng installe	ed; pr	oper backflow devices			
				hing, hair restraint.			1		Sewage	and was	stewa	ater properly disposed		+	
<u> </u>	Wiping cloths: proper Fruits and vegetables		g cloths: properly used and store				-		Toilet fa	cilities: p	rope	rly constructed, supplied, cleaned erly disposed; facilities maintained		-	
			<u> </u>				-					alled, maintained, and clean	<u> </u>	-	
Pers	on in Cl	arge /T	ïtle:	40. On					.,		Date	· · · · · · · · · · · · · · · · · · ·			
		-	444 1	they with							_				
Inspe	ector:	Juny?	XMarky Katilyns F	Lly Ltu		Ie	elepho	ne No	. PHE	S No.		ow-up: Yes ow-up Date:	ľ	No	



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

## FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN <sup>®</sup>	T NAME	ADDRESS		CITY/ZI	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	TON	TEMP. in ° F		
Code		PRIOF	RITY ITEMS			Correct by	Initial	
Reference	or injury. These items MUST R	to the elimination, prevention or rec ECEIVE IMMEDIATE ACTION with	duction to an acceptable level, haza nin 72 hours or as stated.	rds associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general san	COR nitation, operational controls, facilitie	RE ITEMS	general maint	enance or sanitation	Correct by (date)	Initial	
Reference	standard operating procedures (	(SSOPs). These items are to be o	corrected by the next regular insp	ection or as	stated.	(date)		
		EDUCATION P	ROVIDED OR COMMENTS					
Person in Ch	narge /Title:	Lhin In	_		Date:			
Inspector:	fund Marky	Latelys Rout	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	