

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	Y BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	ULATORY	AUTHORITY.				
ESTABLISHMENT I		IN THIS NOTICE MAY RESULT IN CESSA OWNER:			SATIO				PERSON IN CHARGE:				
ADDRESS:		ESTABLISHMENT NUMBER:				R: COU	COUNTY:						
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H.	PRIORITY	: Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREF SCHOOL SENIOR (I Mer F.P.		GROCEF	RY STOR	E	INSTITU TEMP.FC		MOBILE	VENDO	RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other										
FROZEN DESSERT Approved Dis- License No.				NON-COMMUNITY PRIVATE Date Sampled Results									
		RISK FACT		D INTEI	RVENT	IONS							
	preparation practices and employee							ntrol and Pi	revention as co	ontributing fac	ctors in		
Compliance	eaks. Public health interventions Demonstration of Kno				ne ilines: mpliance	s or injury	<u>.</u>	Potentia	Ily Hazardous	Foods	C	OS R	
IN OUT	Person in charge present, demor	0		IN (OUT N	I/O N/A	Proper		me and tempe				
<u> </u>	and performs duties Employee Hea	lth		IN (OUT N	I/O N/A	Proper	reheating	procedures for	r hot holding		_+	
IN OUT	Management awareness; policy p	present		IN (IN OUT N/O N/A			Proper cooling time and temperatures					
IN OUT	Proper use of reporting, restrictio Good Hygienic Pra				IN OUT N/O N/A IN OUT N/A			Proper hot holding temperatures Proper cold holding temperatures					
IN OUT N/O	Proper eating, tasting, drinking or No discharge from eyes, nose an			IN	OUT N/O N/A		Proper date marking and disposition Time as a public health control (procedures /						
IN OUT N/O				IN (OUT N	I/O N/A	records	s)					
IN OUT N/O	Preventing Contamination Hands clean and properly washe			IN	OUT	N/A	Consumer Advisory Consumer advisory provided for raw or undercooked food						
IN OUT N/O	OUT N/O No bare hand contact with ready-						underco	Highly Susceptible Populations					
IN OUT	approved alternate method prope Adequate handwashing facilities			IN OUT N/O N/A		Pasteurized foods used, prohibited foods not							
	accessible Approved Sour	ce					offered		Chemical				
IN OUT Food obtained from approved source		urce		IN				tives: approved and properly used					
IN OUT N/O N/A Food received at proper temperate		ture				Toxic s used	ubstances properly identified, stored and			nd			
IN OUT	· · · · · · · · · · · · · · · · · · ·						Co		ormance with Approved Procedures				
IN OUT N/O N/A	destruction							ance with approved Specialized Process CCP plan			SS		
IN OUT N/A	Protection from Conta Food separated and protected	imination		The	letter to	the left of	f each ite	m indicates	s that item's st	atus at the tin	ne of the		
				The letter to the left of each item indicates that item's status at the time inspection.									
Proper disposition of returned prev						IN = in compliance N/A = not applicable				OUT = not in compliance N/O = not observed			
reconditioned, and unsafe food			COS=Corrected On Site R=Repeat Item										
	Good Retail Practices are preventa		OD RETAIL			ogens ch	emicals	and physic	al objects into	foods			
IN OUT	Safe Food and Water		COS R	IN	OUT	bgens, en			of Utensils	10003.	COS	R	
	urized eggs used where required r and ice from approved source						e utensils: properly stored ils, equipment and linens: properly			torod driad			
Water				handle			ed						
Adea	Food Temperature Contr uate equipment for temperature cor					use/single-service articles: properly stored, used used properly				1	_		
Approved thawing methods used							Utensils, Eq		Equipment and Vending				
Thermometers provided and accurate									urfaces cleana	able, properly	'		
						ed, constructed, and used ashing facilities: installed, maintained, used; test ised			t				
Food							surfaces cl						
Insect	nation				Hot and	cold wat		Facilities	essure				
Conta	Insects, rodents, and animals not present Contamination prevented during food preparation, storage						d cold water available; adequate pressure ing installed; proper backflow devices						
and display Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and was	tewater pro	operly dispose	d		_	
fingernails and jewelry Wiping cloths: properly used and stored						Toilet fai	et facilities: properly constructed, supplied, cleaned						
	its and vegetables washed before use			Garbage/refuse properly disposed; facilities maintaine Physical facilities installed, maintained, and clean									
Person in Charge /1						Physical		installed, r Date:	naintained, an	d clean			
r erson in Charge / I	They Sith												
Inspector: Mayloci	Brlady		Т	elephoi	ne No.	PHES		Follow-up Follow-up		Yes		No	
MO 580-1814 (9-13)	V	DISTRIBUTION: WHITE -	OWNER'S COP	ΡΥ	0	CANARY - FI						E6.37	



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Marces							PAGE ² of		
ESTABLISHMENT NAME ADDRESS				CITY/ZIP					
FO	OD PRODUCT/LOCATION	TEMP. in ° F	T/ LOCATIO	N	TEMP. in ° F				
Code		PRIORITY ITEI	MS			Correct by	Initial		
Reference	or injury. These items MUST RECEI	e elimination, prevention or reduction to VE IMMEDIATE ACTION within 72 ho	o an acceptable level, hazard: purs or as stated.	s associated v	hith foodborne illness	(date)			
Code Reference	Core items relate to general sanitatio	CORE ITEMS n, operational controls, facilities or struc Ps). These items are to be corrected	ctures, equipment design, ge	eneral mainten	ance or sanitation	Correct by (date)	Initial		
			by the next regular inspec				T.L.		
		EDUCATION PROVIDE	D OR COMMENTS						
Person in Ch	arge /Title:				Date:				
Inspector:	Jayloc Brady			F	Follow-up: Follow-up Date:	Yes	No		
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