

TIME IN	TIME OUT
DATE	PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER S FOR CORRECTIONS SPECIFIED	RIOD OF TIME AS MA	AY BE SPEC	CIFIED	IN WRIT	ING BY T	HE REC	GULA1	TORY AUTHORITY. F.			
ESTABLISHMENT N		OWNER:	AT RESULT	I IIV CL	33A110	NOI TO	JK I OC	JD OF	PERSON IN CHAF	RGE:		
ADDRESS:		1		ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP:		PHONE:		FAX: P.I			P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREI SCHOOL SENIOR (		.I IMER F.P.		GROCEI AVERN	RY STOR	E		STITUTION MP.FOOD	MOBILE	VENDO	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
	approved Not Applicable	SEWAGE DISPOSA PUBLIO PRIVA			UPPLY //UNITY				MUNITY pled	PRIVAT Result	E s	
License No		RISK FACT		INTE	RVENT	TONS						
	preparation practices and employee							ontrol a	and Prevention as cont	ributing fa	ctors in	
Compliance	eaks. Public health interventions  Demonstration of Kn				me ilines	ss or injury	<u>.                                      </u>	Po	otentially Hazardous Fo	ods		OS R
IN OUT	Person in charge present, demor			IN	OUT N	N/O N/A	Prope		ing, time and temperat			
	and performs duties  Employee Hea	lth		IN	OUT N	I/O N/A	Prope	r rehe	eating procedures for he	ot holding		
IN OUT	Management awareness; policy	present		_		N/O N/A			ng time and temperatu	res		
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				1 TUO TUO	N/A N/A			olding temperatures holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking o					N/O N/A			marking and dispositio			
IN OUT N/O	No discharge from eyes, nose ar	id mouth		IN	OUT N	N/O N/A	record		ublic health control (pro	cedures /		
IN OUT N/O	Preventing Contamination Hands clean and properly washe			IN	OUT	N/A	Consu		Consumer Advisory dvisory provided for ra	w or		
IN OUT N/O	No bare hand contact with ready						under		hly Susceptible Popula	itions		
IN OUT	approved alternate method proper Adequate handwashing facilities			INI	OUT N	UO N/A	Paste	urized	foods used, prohibited	foods not		
110 001	accessible Approved Sour			IIN	001 1	N/O N/A	offered		Chemical			
IN OUT	Food obtained from approved so			IN	OUT	N/A	Food a	additiv	es: approved and prop	erly used		
IN OUT N/O N/A	Food received at proper tempera			IN	OUT				ances properly identifie		ind	
IN OUT	Food in good condition, safe and	unadulterated						onform	nance with Approved P	rocedures		
IN OUT N/O N/A	Required records available: shell destruction			IN	OUT	N/A	Compl and H		with approved Special plan	ized Proce	ess	
IN OUT N/A	Protection from Conta Food separated and protected	ammation		The	letter to	the left of	f each it	em inc	dicates that item's statu	ıs at the tir	ne of the	<b>:</b>
IN OUT N/A	Food-contact surfaces cleaned &	sanitized		inspection.								
	Proper disposition of returned, pr	reviously served.	+ +	IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O	reconditioned, and unsafe food					=Correcte	d On Si	te	R=Repeat Item			
	Good Retail Practices are prevent		OD RETAIL			ogens ch	emicals	and r	physical objects into for	nds		
IN OUT	Safe Food and Water		COS R	IN	OUT	ogene, en	orriiodio,		er Use of Utensils	<del>, , , , , , , , , , , , , , , , , , , </del>	COS	S R
	urized eggs used where required								ly stored nd linens: properly stor			
vvater	r and ice from approved source					handled	, equipri	nent ar	na linens: properly stor	ea, ariea,		
A.1	Food Temperature Contr					Single-u			ice articles: properly st	ored, used	i	
	uate equipment for temperature cor oved thawing methods used	IUOI		+	$\vdash$	Gloves			quipment and Vending			
	nometers provided and accurate						d nonfo	od-cor	ntact surfaces cleanabl		/	
	Food Identification			-					, and used : installed, maintained,	used: test	+	
						strips us	ed			, 4004, 100		
Food	properly labeled; original container Prevention of Food Contami					Nonfood	l-contac		ces clean ysical Facilities			
	ts, rodents, and animals not presen	t						iter av	ailable; adequate press	sure		
Conta and di	amination prevented during food pre	eparation, storage			]	Plumbin	g install	ed; pro	oper backflow devices			
Perso	nal cleanliness: clean outer clothing	g, hair restraint,				Sewage	and wa	stewa	ter properly disposed			
	nails and jewelry g cloths: properly used and stored			+	$\vdash$	Toilet fa	cilities: r	oroper	ly constructed, supplied	d, cleaned		
	and vegetables washed before use	е				Garbage	e/refuse	prope	rly disposed; facilities r	maintained		
Person in Charge /T	Title: An A A A					Physical	facilitie	s insta Date	alled, maintained, and o	dean		
. croon in charge / I	MAKA							Date	••			
Inspector:	mes sould Brade	7.	Te	elepho	ne No.	EPH	S No.		ow-up: ow-up Date:	Yes		No
MO 580-1814 (9-13)	- June - June	DISTRIBUTION: WHITE -	- OWNER'S COP	Ϋ́	(	CANARY – FI	LE COPY	· OIIC	m up Date.			E6.37



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN'	TNAME	ADDRESS		TY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. ir	۱° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIOR Elimination, prevention or reduced in the properties of the	ITY ITEMS uction to an acceptable level, haza in 72 hours or as stated.	rds associated	d with foodborne illness	Correct by (date)	Initial
							MK
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOP)	operational controls, facilities	E ITEMS s or structures, equipment design, or structures, equipment design, or rected by the next regular insp	general maint	enance or sanitation	Correct by (date)	Initial
							MR
							MR
		E21127-1211-1	20/4050 62 6217				
		EDUCATION PR	ROVIDED OR COMMENTS				
Person in Ch	narge /Title:				Date:		
Inspector:	Moin & House power	DIACUS DISTRIBUTION: WHITE – OWNER	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



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ESTABLISHMENT NAME		ADDRESS		CITY/ZIF			
FOOD PRODUC	T/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ION	TEMP. ir	۱° F
Code Reference Priority items or injury. The	contribute directly to the el	PRIO PRIO PRION PRION WITH IMMEDIATE ACTION WITH	ORITY ITEMS reduction to an acceptable level, haza rithin 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial
Code Reference Core items re	late to general sanitation, orating procedures (SSOPs)	perational controls, facili	ORE ITEMS ities or structures, equipment design, corrected by the next regular insp	general maint	enance or sanitation	Correct by (date)	Initial
			PROVIDED OR COMMENTS				MX MX
Person in Charge /Title:	MAN				Date:		
Inspector: Manu 7	Tomas pulot	DIACIS DISTRIBUZION: WHITE - OWI	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



PAGE  $^4$  of

ESTABLISHMENT NAME		ADDRESS				P		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	JCT/ LOCAT	TION	TEMP. ir	۱° F
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIO limination, prevention or r IMMEDIATE ACTION w	ORITY ITEMS eduction to an action 72 hours o	cceptable level, haza r as stated.	irds associate	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facili	DRE ITEMS ties or structures corrected by the	, equipment design, ne next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial
				R COMMENTS				NR
		EDOCATION	I NOVIDED O	T GOIVINIE ITTO				
Person in Ch	narge /Title:	AV 1				Date:		
Inspector:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Randon		Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Cloning Hannes / MIC	DISTRIBUMØN: WHITE - OW	JER'S COPY	CANARY – FILE C	COPY	Follow-up Date:		E6.37A



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ESTABLISHMENT NAME		ADDRESS		CITY/Z	IP .		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRO	DUCT/ LOCA	ΓΙΟΝ	TEMP. ir	۱° F
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIO limination, prevention or r IMMEDIATE ACTION w	ORITY ITEMS eduction to an acceptable level, he ithin 72 hours or as stated.	azards associate	ed with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facili	ORE ITEMS ties or structures, equipment desi corrected by the next regular in	gn, general main	tenance or sanitation stated.	Correct by (date)	Initial
							MR
							MR
		EDUCATION	PROVIDED OR COMMENTS	3			
Person in Ch	arge /Title:	hel			Date:		
Inspector: MO 580-1814 (9-13)	Uning F Horas perfor	DIACUS DISTRIBUTION: WHITE - OWN	Telephone No		Follow-up: Follow-up Date:	Yes	No E6.37A



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ESTABLISHMEN'	STABLISHMENT NAME		ADDRESS					
FOO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	JCT/ LOCAT	TION	TEMP. ir	۱° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIO elimination, prevention or r E IMMEDIATE ACTION w	ORITY ITEMS eduction to an action 72 hours o	cceptable level, hazar r as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facili	DRE ITEMS ties or structures corrected by the	, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
				R COMMENTS				MR
		EDUCATION	I NOVIDED OF	COMMENTS				
Person in Ch	narge /Title:					Date:		
Iņspector;	- MA			Telephone No.	EPHS No.	Follow-up:	Yes	No
Mo 580-1814 (9/3)	7 Thomas Joylor 9	MUCHY DISTRIBUTION: WHITE - OWI	NER'S COPY	CANARY - FILE C		Follow-up Date:		E6.37A



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STABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	TION	TEMP. ir	ı° F
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			PROVIDED OR COMMENTS				NR
		EDUCATION	PROVIDED OR COMMENTS				
Person in Ch	narge /Title:				Date:		
Inspector: Mo 580-1814 (\$\mathbb{G}(3))	F House pulor	Blady DISTRIBUTION: WHITE-OW	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A