

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	FACILITIES WHICH MUST BE CORRE GULATORY AUTHORITY. FAILURE TO DOBERATIONS				
/ITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESU ESTABLISHMENT NAME: OWNER:			AT RESUL					PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBE	R: COUNTY:	COUNTY:			
CITY/ZIP: PHONE				FAX:				P.H. PRIORITY : H	М	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l MER F.P.		GROCEF	RY STOR	E	INSTITUTION MOBILE TEMP.FOOD	/ENDOF	RS		
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other _									
FROZEN DESSERT Approved Disa License No.	approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVAT		ATER S COMM	UPPLY /UNITY			COMMUNITY PRIVAT Sampled Results				
		RISK FACT		D INTE	RVENT	IONS						
								ntrol and Prevention as contributing fac	ors in			
Compliance	eaks. Public health interventions Demonstration of Kn				mpliance	s or injury		Potentially Hazardous Foods	CC	DS R		
IN OUT	Person in charge present, demon and performs duties	nstrates knowledge,		IN	OUT N	/O N/A	Proper	cooking, time and temperature				
	Employee Hea			IN (/O N/A		reheating procedures for hot holding				
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction			IN (/O N/A		cooling time and temperatures hot holding temperatures				
	Good Hygienic Pra	actices			OUT	N/A	Proper	cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose ar					1/0 N/A		date marking and disposition s 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 mer advisory provided for raw or ooked food				
IN OUT N/O	No bare hand contact with ready						Highly Susceptible Po					
IN OUT	IN OUT Adequate handwashing facilities su accessible			IN	OUT N	I/O N/A Pasteurized offered		rized foods used, prohibited foods not				
	Approved Source						Chemical					
IN OUT IN OUT N/O N/A						N/A		dditives: approved and properly used substances properly identified, stored ar	d			
				IIN	OUT		used		_			
	Required records available: shellstock tags narasite			IN	OUT	N/A		nformance with Approved Procedures ance with approved Specialized Proces	s			
IN OUT N/O N/A	destruction Protection from Conta	amination			001	IN/A	and HA	ACCP plan				
IN OUT N/A	Food separated and protected					the left of	f each ite	em indicates that item's status at the tim	e of the			
IN OUT N/A Food-contact surfaces cleaned & sanitized				insp	ection. IN = i	n complia	ince	OUT = not in compliance				
IN OUT N/O	Proper disposition of returned, pr				N/A =	not appli	icable	N/O = not observed				
	reconditioned, and unsafe food		OD RETAII	PRACI		=Correcte	a On Site	e R=Repeat Item				
	Good Retail Practices are prevent					ogens, che	emicals,	and physical objects into foods.				
IN OUT	Safe Food and Water		COS R	IN	OUT			Proper Use of Utensils	COS	R		
	urized eggs used where required r and ice from approved source							properly stored ent and linens: properly stored, dried,				
	Food Tomporature Cont			_		handled	 	anning articles, properly stared used		_		
Adequ	Food Temperature Conti uate equipment for temperature cont					Gloves u		e-service articles: properly stored, used perly				
	oved thawing methods used					Food on	Utens	sils, Equipment and Vending				
mem	nometers provided and accurate					designed	d, constr	ucted, and used				
Food Identification							Warewashing facilities: installed, maintained, used; test strips used					
Food properly labeled; original container						Nonfood-contact surfaces clean						
Prevention of Food Contamination Insects, rodents, and animals not present					Physical Facilities Hot and cold water available; adequate pressure							
Contamination prevented during food preparation, storage and display				1				ed; proper backflow devices	1	1		
Perso	nal cleanliness: clean outer clothin	g, hair restraint,				Sewage	and was	stewater properly disposed	+			
fingernails and jewelry Wiping cloths: properly used and stored				_		Toilet fa	cilities: n	ronerly constructed supplied cleaned				
Fruits and vegetables washed before use					Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained							
Borson in Charge /T				Physical facilities installed, maintained, and clean								
Person in Charge /T	Ru M							Date:				
Inspector:	itle: Ru M		T	elepho	ne No.	EPH		Follow-up: Yes Follow-up Date:		No		
MO 580-1814 (9-13)	/	DISTRIBUTION: WHITE -	OWNER'S CO	PY	(CANARY - FI				E6.37		



MECCY					PAGE ² of		
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP			
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT	/ LOCATION		TEMP. ir	n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEN	PRIORITY IT elimination, prevention or reduction /E IMMEDIATE ACTION within 72 I	EMS to an acceptable level, hazards hours or as stated.	associated with	foodborne illness	Correct by (date)	Initial
							8P
							θ₽
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	CORE ITEI n, operational controls, facilities or str Ps). These items are to be correct	ructures, equipment design, ger	neral maintenance tion or as stated	e or sanitation	Correct by (date)	Initial
							θ₽
							₽₽
							₽₽
							θ₽
		EDUCATION PROVID	DED OR COMMENTS				
Den 1 Ci							
Person in Ch	arge /Title: Par Ph	2/		Date PHS No. Follo	e: 	Yes	No
MO 580-1814 (9-13)	Manuf L.	DISTRIBUTION: WHITE - OWNER'S COPY		Follo	ow-up: ow-up Date:	162	E6.37A

Γ



	FOOD ESTABLISHMENT INSPECTION REPORT				PAGE ³ of		
ESTABLISHMEN	SHMENT NAME ADDRESS CITY /ZIP						
FO	OD PRODUCT/LOCATION	TEMP. in ° F	EMP. in ° F FOOD PRODUCT/ LOCATION			ION TEMP.	
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction E IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	ards associated	with foodborne illness	(date)	
Code		CORE ITE	Me			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or st	ructures, equipment design,	general mainte	nance or sanitation tated.	(date)	mua
							βP
							₽₽
							0 <i>0</i>
							0P
							θ₽
							θ₽
							0P
		EDUCATION PROVID	DED OR COMMENTS				I
Person in Ch	arge /Title:	2 ~~			Date:		
Inspector:	Cu l.		Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Manuffil	DISTRIBUTION: WHITE - OWNER'S COP			Follow-up Date:		E6.37A



	FOOD ESTABLISHMENT INSPECTION REPORT				PAGE ⁴ of		
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/ L		ICT/ LOCATIO	LOCATION		n°F
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction E IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	rds associated	with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation	CORE ITE		general mainter	nance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOP	s). These items are to be correct	ed by the next regular insp	ection or as st	ated.	()	0.
							θ₽
							θ₽
							θ₽
							θ₽
							θ₽
							θ₽
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	narge /Title:				Date:		
Inspector:	narge /Title: Pur II Mhaniu / Lil		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C		i oliow-up Dale.		E6.37A



FOOD ESTABLISHMENT INSPECTION REPORT					PAGE ⁵ of		
ESTABLISHMENT NAME ADDRESS C			CITY /ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	CT/ LOCATIO	NC	TEMP. ir	n°F
Code			EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	to an acceptable level, hazar hours or as stated.	rds associated	with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE a, operational controls, facilities or st 2s). These items are to be correct	ructures, equipment design, c	general mainter	nance or sanitation	Correct by (date)	Initial
							Ð₽
							₽₽
							Ð₽
		EDUCATION PROVI	DED OR COMMENTS				I
Person in Ch	arge /Title: D. D.	<u></u>			Date:		
Inspector:	narge /Title: Du D Milamie J Zee	 /	Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	ourany 7 and	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE CC		Follow-up Date:		E6.37A