

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

TIME IN	TIME OUT
DATE	PAGE 1 of

		TION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF										FAILURE TO	COMPL	Y
ESTABLISHME	LISHMENT NAME: OWNER:								PERSON IN CHARGE:					
ADDRESS:				ESTABLISHMENT NUMBER: COUNTY:										
CITY/ZIP:		PHONE:				FAX:				P.H. PRIORITY	: Н	М	L	
ESTABLISHMENT TY BAKERY		C. STORE CATE		ELI	- D			RY STORI	E		STITUTION	MOBILE \	/ENDOR	S
RESTAURAI PURPOSE				MMER F			AVERN	1		IEN	MP.FOOD			
Pre-opening		Routine Follow-up	·											
FROZEN DESS Approved		pproved Not Applicable	SEWAGE DISPOS PUBL				UPPL\				MUNITY	PRIVATE		
License No	o		PRIV	ATE					Date	Samp	oled	Results		
			RISK FAC	CTORS	AND	INTE	RVEN	TIONS						
		reparation practices and emplo aks. <b>Public health interventic</b>								ontrol a	and Prevention as co	ontributing fact	ors in	
Compliance	Julio	Demonstration of		COS			mpliance			Po	tentially Hazardous	Foods	CO	S R
IN OUT		Person in charge present, der and performs duties	monstrates knowledge,			IN (	OUT I	N/O N/A	Prope	er cooki	ing, time and temper	rature		
		Employee F	lealth			IN (	OUT I	N/O N/A						
IN OUT		Management awareness; poli				_		N/O N/A			ng time and tempera			
IN OUT	$\rightarrow$	Proper use of reporting, restri			+	-	OUT OUT	N/O N/A N/A			olding temperatures			
IN OUT N/O		Proper eating, tasting, drinking	g or tobacco use			-		N/O N/A	Prope	er date	marking and disposi	tion		
IN OUT N/O		No discharge from eyes, nose	and mouth			IN (	TUC	N/O N/A	Time recore		ublic health control (p	procedures /		
		Preventing Contamin									Consumer Adviso			
IN OUT N/O		Hands clean and properly was	shed							ner advisory provided for raw or boked food				
IN OUT N/O		No bare hand contact with rea approved alternate method pr				under				lighly Susceptible Populations				
IN OUT		Adequate handwashing facilit accessible				IN (	TUC	N/O N/A	Paste		foods used, prohibit	ed foods not		
IN OUT		Approved S					A				Chemical			
IN OUT	NI/A	Food obtained from approved Food received at proper temp			+	1	OUT	N/A	Food Toxic	additive substa	es: approved and pr	operly used fied_stored an	d	
	N/A					IN	OUT		used				<u> </u>	
IN OUT N/O	Required records available: shellstock tags, parasite				Conformance with Approved Procedures IN OUT N/A Compliance with approved Specialized Proc				S					
110 001 10/0	IN/A	destruction Protection from Co	ontamination					IN/A	and F	HACCP	plan			
IN OUT I	N/A	Food separated and protected				The	letter to	o the left of	each i	tem ind	licates that item's sta	atus at the time	e of the	
	N/A	Food-contact surfaces cleane	d & sanitized			inspection. IN = in compliance OUT = not in compliance								
IN OUT N/O		Proper disposition of returned				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
14/0		reconditioned, and unsafe foo		OOD RE	TAII F	PRACT		5-Corrected	u On S	oile	K-Repeat item			
	(	Good Retail Practices are prev						nogens, che	emicals	s, and p	hysical objects into	foods.		
IN OUT		Safe Food and Wa		cos	R	IN	OUT				er Use of Utensils		cos	R
		rized eggs used where require and ice from approved source	d								ly stored nd linens: properly st	tored, dried,		
		Food Temperature Co						Single-us			ice articles: properly	stored, used		
		ate equipment for temperature red thawing methods used	control					Gloves u			quipment and Vendi	na		
		ometers provided and accurate	<b>;</b>					Food and			ntact surfaces cleana			
		Food Identification	•								, and used : installed, maintaine	ad waads taat		
		Food Identification	11					strips us		acililles	. installed, maintaine	ea, usea, test		
F	ood p	roperly labeled; original contain Prevention of Food Conta						Nonfood	-contac		ces clean ysical Facilities		1	
Ir	nsects	s, rodents, and animals not pres						Hot and	cold wa		ailable; adequate pre	essure		
C	Contar	nination prevented during food									oper backflow device			
	and dis Person	splay ial cleanliness: clean outer clot	hing, hair restraint.					Sewage	and wa	astewat	ter properly disposed	d		
fi	ingern	ails and jewelry				<u> </u>								
	Wiping cloths: properly used and stored Fruits and vegetables washed before use							Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained						
		•								es insta	lled, maintained, an			
Person in Charg	ge /Ti	tle: Marail.	bon -							Date	):			
Inspector:	17	I Modernie	<u> </u>		Tel	lephoi	ne No.	EPHS	S No.		ow-up:	Yes	1	No
MO 580-1814 (9-13)	ســـــــــــــــــــــــــــــــــــــ	Ja ya - wang	DISTRIBUTION: WHITE	- OWNER	'S COPY			CANARY – FIL	LE COPY		ow-up Date:			E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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ESTABLISHMENT NAME		ADDRESS			CITY/ZII	CITY/ZIP			
FOC	DD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			ION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIOR	RITY ITEMS duction to an ac hin 72 hours o	cceptable level, haza	rds associate	d with foodborne illness	Correct by (date)	Initial	
								ML5	
								ML5	
								ML5	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilitie	RE ITEMS es or structures corrected by the	, equipment design, ne next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
	<u> </u>	,		•				ML5	
								MLJ	
								ML5	
								ML5	
								ML5	
		EDUCATION P	ROVIDED O	R COMMENTS					
Person in Ch	arge /Title:	ν θ-αρα -				Date:			
Inspector:	arge /Title: Malauric J.Z.L. MayorBun	My DISTRIBUTION: WHITE - OWNE	EDIO CODI	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374	



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	or injury. These items most receive	E IWINEDIATE ACTION WITH	III / 2 Hours of as stateu.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities	E ITEMS s or structures, equipment design, prrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							ML5	
							ML5	
							ML5	
							ML5	
							ML5	
		EDI ICATION DE	ROVIDED OR COMMENTS					
			TO VIDED OIL CONNINIENTO					
Person in Ch	arge /Title: Make 1	-bon			Date:			
Inspector:	arge/Title: Mobalini	rdy	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	



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	or injury. These items into a record		TE NOUS OF AS STATEM.					
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		EDUCATION PRO	OVIDED OR COMMENTS				ML5	
Person in Ch	arge /Title: 🚜 👨				Date:			
Inspector:	arge/Title: Marauri S	fores	Telephone No.	EPHS No.	Follow-up:	Yes	No	
Malane	1 Till				Follow-up Date:			