

TIME IN TIME OUT
DATE PAGE 1 of

ESTABLISHMENT I ADDRESS: CITY/ZIP: ESTABLISHMENT TYPE BAKERY RESTAURANT PURPOSE Pre-opening FROZEN DESSERT Approved Dis License No Risk factors are food	C. STORE CATERER SCHOOL SENIOR C Routine Follow-up	OWNER: PHONE: ENTER SUM Complaint EWAGE DISPOSA PUBLIC PRIVAT RISK FACT behaviors most com are control measures wledge	I MER F.P. Other AL W FE TORS AN monly rep	ATER S COMI	GROCEI TAVERN SUPPLY MUNITY	HMENT I	NUMBER: E IN TE	PERSON IN CHAR COUNTY: P.H. PRIORITY : STITUTION MP.FOOD			
CITY/ZIP: ESTABLISHMENT TYPE BAKERY RESTAURANT PURPOSE Pre-opening FROZEN DESSERT Approved Dis License No Risk factors are food foodborne illness outbr Compliance IN OUT IN OUT IN OUT IN OUT N/O	SCHOOL     SENIOR Cl       Routine     Follow-up       approved     Not Applicable       preparation practices and employee leaks.     SE       Demonstration of Know     Person in charge present, demons and performs duties       Employee Health	DEL SUM Complaint EWAGE DISPOSA PUBLIC PRIVAT RISK FACT behaviors most com are control measures wledge	MER F.P. Other AL W C FE FORS AN monly rep	ATER S COMI	GROCE TAVERN SUPPLY MUNITY	RY STOR	E IN TE NON-COM	P.H. PRIORITY : STITUTION MP.FOOD MUNITY	MOBILE VE	ENDOR	S
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Compliance IN OUT IN OUT IN OUT IN OUT N/O	Demonstration of Knov Person in charge present, demons and performs duties Employee Healtl	wledge						and Prevention as contr	ributing facto	rs in	
IN OUT IN OUT IN OUT IN OUT N/O	Person in charge present, demons and performs duties Employee Healt	<u> </u>	005		rne illnes	s or injury		otentially Hazardous Fo	ods	COS	3 1
IN OUT IN OUT N/O	Employee Healt				OUT N	I/O N/A		ing, time and temperatu			_
IN OUT IN OUT N/O	Management awareness: policy pr	h		IN		I/O N/A	Proper rehe	eating procedures for ho	ot holding		
IN OUT N/O	Proper use of reporting, restriction					I/O N/A		ng time and temperatur olding temperatures	es		
	Good Hygienic Prac				<u>OUT</u>	N/O N/A N/A		holding temperatures			-
IN OUT N/O	Proper eating, tasting, drinking or t					N/O N/A		marking and disposition			
	No discharge from eyes, nose and	mouth		IN	OUT N	I/O N/A	records)	ublic health control (pro	cedures /		
	Preventing Contamination Hands clean and properly washed	by Hands			OUT	N1/A	Consumer a	Consumer Advisory dvisory provided for ray	w or	_	
IN OUT N/O	No bare hand contact with ready-to	p-eat foods or		IN	OUT	N/A	undercooke			1	
IN OUT N/O	approved alternate method proper Adequate handwashing facilities si	ly followed								_	
IN OUT	accessible	••		IN	OUT N	I/O N/A	offered	foods used, prohibited	toods not		
IN OUT	Approved Source			INI	OUT	N/A	Food additio	Chemical res: approved and properties	arly used		
IN OUT N/O N/A	Food obtained from approved sour Food received at proper temperatu				IN OUT Toxic subs		Toxic substa	ances properly identified			
IN OUT	Food in good condition, safe and u	inadulterated						nance with Approved Pr			
IN OUT N/O N/A	Required records available: shells destruction	tock tags, parasite		IN	IN OUT N/A Compliance with approved Specialized Pro and HACCP plan			zed Process			
	Protection from Contan	nination						•			
IN OUT N/A	Food separated and protected				e letter to pection.	the left of	each item ind	dicates that item's statu	s at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned &			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT N/O	Proper disposition of returned, pre reconditioned, and unsafe food	viously served,					d On Site	R=Repeat Item			
			OD RETA								
IN OUT	Good Retail Practices are preventat Safe Food and Water			R IN	n of patho OUT	ogens, che		er Use of Utensils	ds.	COS	R
	urized eggs used where required						tensils: prope	rly stored			
Wate	and ice from approved source					Utensils, handled	equipment a	nd linens: properly store	ed, dried,		
	Food Temperature Contro	1					se/single-serv	vice articles: properly sto	ored, used		-
	uate equipment for temperature cont	rol				Gloves ι	used properly				
	oved thawing methods used nometers provided and accurate					Food an		equipment and Vending	e properly		
	•					designed	d, constructed	l, and used			
	Food Identification					Warewa strips us		: installed, maintained,	used; test		
Food	properly labeled; original container						-contact surfa				
Incor	Prevention of Food Contamina	ation				Hot and		ysical Facilities			
	Insects, rodents, and animals not present Contamination prevented during food prepar							ailable; adequate press oper backflow devices	ule		
and d	isplay nal cleanliness: clean outer clothing,	-						ter properly disposed			-
finger	nails and jewelry										<u> </u>
	g cloths: properly used and stored and vegetables washed before use				+			ly constructed, supplied rly disposed; facilities n			+
	and vegetables washed before use							alled, maintained, and c			
Person in Charge /7	Title:	n. Law					Date				
Inspector:	The Irnese	NO AND		Telepho	one No.	EPH		ow-up:	Yes	Ν	10
MO 580-1814 (913)	mas juipor Drady	DISTRIBUTION: WHITE -					Follo	ow-up Date:			E6.37



Marcess	JOD ESTABLISHMENT IN	SPECTION REPORT			PAGE <sup>2</sup> of		
ESTABLISHMEN	Γ NAME	ADDRESS		CITY /ZIP			
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCATI	ON	TEMP. ii	n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY II elimination, prevention or reduction	TEMS to an acceptable level, hazar	ds associated	with foodborne illness	Correct by (date)	Initial
	or injury. These items MUST RECEI	VE IMMEDIATE ACTION WITHIN 72	nours or as stated.				970
							20
							20
Code Reference	Core items relate to general sanitation	CORE ITE	:MS	ionoral mainte	nance or sanitation	Correct by (date)	Initial
Reference	standard operating procedures (SSO	Ps). These items are to be correct	ted by the next regular inspe	ection or as s	itated.	(uate)	
							20
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							20
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:	Pau			Date:		
Inspector:	11 - 1.1R	entral adda	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9/13)	Honnas JanforDA	DISTRIBUTION: WHITE - OWNER'S COP	PY CANARY – FILE CO	)PY	i oliow-up Date:		E6.37A

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FOOD ESTABLISHMENT INSPECTION REPORT					PAGE <sup>3</sup> of				
ESTABLISHMEN	Γ NAME	ADDRESS		CITY /ZIF					
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ION	TEMP. i	n ° F		
Code		PRIORITY IT	EMS		d with foodly and illustration	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 h	nours or as stated.	ards associated	a with foodborne lilness	(date)			
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITEM , operational controls, facilities or str 2c) These items are to be corrected	ructures, equipment design,	general mainte	enance or sanitation	Correct by (date)	Initial		
			sa by the next regular ins		Stated.		970		
							20		
							20		
							270		
							10		
		EDUCATION PROVID	DED OR COMMENTS						
Person in Ch	arge /Title:	D. Laz			Date:				
Inspector:	Homas Janlor Brader	· · · · · · · · · · · · · · · · · · ·	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		
MO 580-1814 (9-13)	Jown CDIMMON	DISTRIBUTION: WHITE - OWNER'S COPY	CANARY – FILE	COPY	i oliow-up Dale.		E6.37A		



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ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP				
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ON	TEMP. ir	۱°F	
Code		PRIORITY IT	EMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEN	elimination, prevention or reduction	to an acceptable level, hazar hours or as stated.	ds associated	I with foodborne illness	(date)		
Code		CORE ITE	MS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOF	<ol> <li>operational controls, facilities of stars</li> <li>Ps). These items are to be correct</li> </ol>	ted by the next regular inspect	ection or as s	stated.	(date)		
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			DED OR COMMENTS					
<b>6</b>	(T) ( )	0						
Person in Ch	large /Title:	ser Dectaz dy			Date:			
Inspector:	Homes Jaufor Bran	dry	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE CO	DPY			E6.37A	



MECCEX	OOD ESTABLISHMENT IN	SPECTION REPORT				of		
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	T/ LOCATION		TEMP. ir	n°F	
Code		PRIORITY IT	FMS	_		Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEN	elimination, prevention or reduction	to an acceptable level, hazards hours or as stated.	s associated wit	h foodborne illness	(date)	initia	
Code Reference	Core items relate to general sanitation	CORE ITE n, operational controls, facilities or st	ructures, equipment design, ge	neral maintenar	ce or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSO	Ps). These items are to be correct	ed by the next regular inspec	ction or as state	ed.		970	
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		EDUCATION PROVI	DED OR COMMENTS					
Person in Ch	harge /Title: Iterese Q	dar		Da	ite:			
Inspector:	Hannas Jaylor Brad	ÎW Î	Telephone No.	EPHS No. Fo	llow-up: llow-up Date:	Yes	No	
MO 580-1814 (9-13)	1 comments 11 output and 1	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE COP				E6.37A	



	OOD ESTABLISHMENT IN		PAGE 6 of					
ESTABLISHMEN	Γ NAME	ADDRESS		CITY /ZIF				
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	n°F	
Code Reference	Driarity items contribute disactly to the	PRIORITY IT	EMS	da associato	d with foodborne illness	Correct by	Initial	
Relefence	Priority items contribute directly to the or injury. These items MUST RECEIV	E IMMEDIATE ACTION within 72	hours or as stated.		a with loodborne liness	(date)		
Code		CORE ITE	MS		_	Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or st	ructures, equipment design, o	general mainte ection or as	enance or sanitation stated.	(date)		
							20	
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		EDUCATION PROVI	DED OR COMMENTS				[	
Person in Ch	arge /Title:	n Pau			Date:			
Inspector:	In to Build	- recret	Telephone No.	EPHS No.	Follow-up:	Yes	No	
MO 580-1814 (9 13)	Honnas / WyforDradu	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE CO	OPY	Follow-up Date:		E6.37A	