

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		EST	ABLISH	HMENT I	NUMBE	ER:	COUNTY:			
CITY/ZIP:		PHONE:		FAX	:				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	Pasteurized 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		Toxic substances properly identified, stored an used			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	:
IN OUT N/A	Food-contact surfaces cleaned &	sanitized			ection.							
	Proper disposition of returned, pr	reviously served.	+ +	-		in complia = not appli			OUT = not in complian N/O = not observed	ice		
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	, , , , , , , , , , , , , , , , , , , 	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	mination 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

PAGE ² of

ESTABLISHMEN	NAME	ADDRESS		CITY/ZII	0		
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. ir	n° F
Code		PRIORITY	/ ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduct E IMMEDIATE ACTION within	ion to an acceptable level, haza 72 hours or as stated.	ards associate	d with foodborne illness	(date)	
							NR
							1.46
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE I , operational controls, facilities o s). These items are to be core	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
							NR
							1.464
		EDUCATION PRO	VIDED OR COMMENTS				
		EDOOM NOT NO					
Person in Ch	arge /Title: 1/1 An An	<u> </u>			Date:		
Inspector:	Marin F Harres Mayor	Bradis	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No



PAGE ³ of

	OTV TIP							
ESTABLISHMEN	IT NAME	ADDRESS		CITY/ZIF	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	۱°F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECE	PRIORITY ne elimination, prevention or reducti IVE IMMEDIATE ACTION within 7	TITEMS on to an acceptable level, hazar 72 hours or as stated.	rds associated	d with foodborne illness	Correct by (date)	Initial	
							NX	
Code Reference	Core items relate to general sanitati	CORE IT	structures, equipment design, o	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SS0	OPs). These items are to be corre	ected by the next regular insp	ection or as	stated.		1 1 1	
							MK	
							MR	
							MR	
		EDUCATION PRO	VIDED OR COMMENTS					
Person in Ch	narge /Title:	781			Date:			
Inspector:	Noin & Flores Just	n'Brady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S C	OPY CANARY – FILE CO	JPY			E6.37A	



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ESTABLISHMEN	BLISHMENT NAME ADDRESS		CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	T/ LOCAT	ION	TEMP. ir	ı° F
		T CIVII . III T			-	12.00	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	PRIORITY elimination, prevention or reduct	Y ITEMS ion to an acceptable level, hazard	s associated	I with foodborne illness	Correct by (date)	Initial
	or injury. These items MUST RECEIV	/E IMMEDIATE ACTION within	72 hours or as stated.				A . J
							MK
Code Reference	Core items relate to general sanitation	CORE I	TEMS	noral mainte	onance or canitation	Correct by (date)	Initial
Reference	standard operating procedures (SSOF	Ps). These items are to be corr	ected by the next regular inspec	ction or as	stated.	(uate)	
							MR
							10/1/2
							NI V
							MF
EDUCATION PROVIDED OR COMMENTS							
Person in Charge /Title:							
Inspector:	Main I Hanses Jaylor	Brady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)	<u> </u>	DISTRIBUZION: WHITE - OWNER'S (COPY CANARY - FILE COP	PΥ			E6.37A



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ESTABLISHMEN [*]	T NAME	ADDRESS		CITY/ZII	CITY/ZIP		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TON	TEMP. ir	۱° F
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVI	PRIC elimination, prevention or r IMMEDIATE ACTION w	ORITY ITEMS eduction to an acceptable level, haze ithin 72 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial
							MK
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facili	DRE ITEMS ties or structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
	, and the second	,	<u>-</u>				NX
							MR
							MR
		EDUCATION	PROVIDED OR COMMENTS				
Person in Charge /Title: Date:							
Inspector: MO 580-1814 (9-13)	Unin F House poulor	DIALONS DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIF	,		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	T/ LOCAT	ION	TEMP. ir	ı° F
		T LIVII . III T			-	121111	' '
Code	District the Court to the	PRIORIT	YITEMS		1 20 6	Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIVED	/E IMMEDIATE ACTION within	72 hours or as stated.	s associated	I with foodborne lilness	(date)	
							MR
							10/1/~
Code		CORE	ITEMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities on Ps). These items are to be corr	or structures, equipment design, ge rected by the next regular inspec	eneral mainte	enance or sanitation stated.	(date)	
							NR
							1.41
							N 11
							11/1/
		EDUCATION PRO	OVIDED OR COMMENTS				
Person in Ch	narge /Title:	nkl			Date:		
Inspector:	11/_ 1a.ln's	2	Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9/13)	+ House / MOC9	DISTRIBUTION: WHITE - OWNER'S	COPY CANARY – FILE COP	PΥ	Follow-up Date:		E6.37A



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	TNAME	ADDRESS		CITY/ZIF	CITY /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 RECEI	PRIOR e elimination, prevention or red VE IMMEDIATE ACTION witl	RITY ITEMS duction to an acceptable level, hazal hin 72 hours or as stated.	rds associated	d with foodborne illness	Correct by (date)	Initial	
Code			RE ITEMS			Correct by	Initial	
Reference	Core items relate to general sanitatio standard operating procedures (SSO	n, operational controls, facilitie	es or structures, equipment design,	general maint	enance or sanitation stated.	(date)	IIIIIIai	
							MR	
		EDUCATION P	ROVIDED OR COMMENTS					
Person in Charge /Title: Date:								
Inspector: Monus	I House pupo	BARAY DISTRIBUTION: WHITE - OWNE	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [*]	T NAME	ADDRESS			CITY/ZII	P		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	I ICT/ LOCAT	TON	TEMP. ir	ı° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIO elimination, prevention or re E IMMEDIATE ACTION wi	ORITY ITEMS eduction to an act of thin 72 hours or	ceptable level, haza as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilit	DRE ITEMS ties or structures, corrected by the	equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
								MK
								MR
								MR
		EDUCATION I	PROVIDED OF	COMMENTS				
Person in Ch	arge /Title: MA An M					Date:		
Inspector:	Thomas pylorB	MACY DESCRIPTION: WHITE - OWN		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [*]	T NAME	ADDRESS		CITY/ZIF	0		
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	ı°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIO elimination, prevention or re 'E IMMEDIATE ACTION wit	RITY ITEMS duction to an acceptable level, hazar thin 72 hours or as stated.	ds associate	d with foodborne illness	Correct by (date)	Initial
Code			RE ITEMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, faciliti	es or structures, equipment design, o	general maint	enance or sanitation stated.	(date)	iiiiiai
							MR
							MR
		EDUCATION F	PROVIDED OR COMMENTS				
Person in Ch	arge /Title:	1			Date:		
Inspector:	Thomas Jaylor Brace		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6 374



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [*]	T NAME	ADDRESS		CITY/ZIF)		
FOC	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	ION	TEMP. ir	\° E
	55 1 1105 GO 1/12 GO 111 GIV	IEWF.III F	1005111050	317 200711		I LIVII . II	' '
Code		PRIORIT	TY ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reductive IMMEDIATE ACTION within	ction to an acceptable level, hazard n 72 hours or as stated.	ds associated	d with foodborne illness	(date)	
Code		CORE	ITEMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities	or structures, equipment design, g	eneral mainte	enance or sanitation stated.	(date)	
							MR
							MK
		EDUCATION PRO	OVIDED OR COMMENTS				
Person in Charge /Title: Date:							
Inspector: Mosso-18/4 (9-13)	Thurs pupor Brady	DISTRIBUTION: WHITE – OWNER'S	·	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A