

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

TIME IN	TIME OUT
DATE	PAGE 1 of

NEXT ROUTINE INSPE	CTION THIS DAY, THE ITEMS NO CCTION, OR SUCH SHORTER P	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED	IN WRIT	ING BY T	HE REGU	ILATORY AUTHORITY. FAIL				
ESTABLISHMENT I	ITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT NAME: OWNER:			I IN CESSATION OF TOUR FOOD OF				PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBEF	R: COUNTY:				
CITY/ZIP: PHONE:				FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P.					GROCEI AVERN	RY STOR		INSTITUTION N TEMP.FOOD	MOBILE VI	ENDOR	เร	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
	T sapproved Not Applicable	SEWAGE DISPOSA PUBLIC			UPPLY //UNITY				RIVATE			
License No		PRIVATE RISK FACT) INTE	RVENT	IONS						
	preparation practices and employ	ree behaviors most com	monly repor	rted to th	ne Cente	ers for Dis		rol and Prevention as contribu	uting facto	rs in		
foodborne illness outbr Compliance	eaks. Public health intervention Demonstration of h				ne illnes	s or injury	/.	Potentially Hazardous Food	e e	CO	S R	
IN OUT	Person in charge present, dem	3 -		_		I/O N/A	Proper c	ooking, time and temperature			<u> </u>	
114 001	and performs duties Employee He	ealth				I/O N/A	Proper i	eheating procedures for hot h	nolding		-	
IN OUT	Management awareness; polic	y present		IN	OUT N	I/O N/A	Proper c	ooling time and temperatures				
IN OUT	Proper use of reporting, restric Good Hygienic F				1 TUO TUO	N/A N/A		ot holding temperatures old holding temperatures			-	
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose					N/O N/A		ate marking and disposition a public health control (proce	duras /			
IN OUT N/O				IN	OUT N	I/O N/A	records)		uures /			
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	OUT	N/A		Consumer Advisory er advisory provided for raw o oked food	or			
IN OUT N/O	No bare hand contact with read		s or				Highly Susceptible Population	ns				
IN OUT	approved alternate method pro Adequate handwashing facilitie			INI	OUT N	I/O N/A	Pasteuri	zed foods used, prohibited foo	ods not		_	
	accessible Approved Sc	NITCO	-	IIN	001 1	I/O IN/A	offered	Chemical			_	
IN OUT	Food obtained from approved :	source		IN	OUT	N/A		ditives: approved and properly				
IN OUT N/O N/A Food received at proper temperature		erature		IN	OUT		Toxic su used	stances properly identified, stored and				
IN OUT	r odd i'r godd deriaiden, dai'd aria ariadaileraidd						Con	formance with Approved Proc				
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction				IN	OUT	N/A		nce with approved Specialized CCP plan	d Process			
IN OUT N/A	Protection from Cor Food separated and protected			The	letter to	the left o	f each item	n indicates that item's status a	t the time	of the		
IN OUT N/A	Food-contact surfaces cleaned		+	inspection. IN = in compliance OUT = not in compliance								
Proper disposition of returned proviously served						ın compila = not appl		N/O = not observed				
IN OUT N/O	reconditioned, and unsafe food	i ´				=Correcte	d On Site	R=Repeat Item				
	Good Retail Practices are preve		OD RETAIL			ogens ch	emicals a	nd physical objects into foods				
IN OUT	Safe Food and Water	er	COS R	IN	OUT		Р	roper Use of Utensils		COS	R	
	eurized eggs used where required r and ice from approved source	I						operly stored nt and linens: properly stored,	dried		-	
Water	••					handled	, , ,	, ,				
Adequ	Food Temperature Cou uate equipment for temperature of			-			se/single-sused prope	service articles: properly store erly	d, used	-	+	
Appro	oved thawing methods used						Utensil	s, Equipment and Vending				
Thern	mometers provided and accurate							-contact surfaces cleanable, p	oroperly			
	Food Identification				designed, constructed, and used Warewashing facilities: installed, maintained, used; test						1	
Food properly labeled; original container					strips used 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							; proper backflow devices			+		
	lisplay onal cleanliness: clean outer cloth	ing, hair restraint		+		Sewage	and waste	ewater properly disposed			+	
fingernails and jewelry				-				, .	loor - d		-	
	ng cloths: properly used and store and vegetables washed before ι			Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained					 	+		
	\ <i>X</i> .						l facilities i	nstalled, maintained, and clea				
Person in Charge /1	Title:						[Date:				
Inspector:	16-77-1		T	elepho	ne No.	EPH		Follow-up: Y	es		No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	- OWNER'S COF	PΥ	(CANARY – FI		onow-up Date.			E6.37	



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ESTABLISHMENT NAME		ADDRESS				CITY/ZIP		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCTA			JCT/ LOCAT	7 LOCATION		۱° F
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIC imination, prevention or re IMMEDIATE ACTION wi	ORITY ITEMS eduction to an ac ithin 72 hours or	ceptable level, haza as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilit	DRE ITEMS ties or structures, corrected by th	equipment design, e next regular inst	general maint	enance or sanitation stated.	Correct by (date)	Initial
			PROVIDED OF					
		EDUCATION	FROVIDED OF	COIVIIVIENTS				
	\ X .							
Person in Ch	narge /Title:					Date:		
Inspector:	Mitz	DISTRIBUTION: WHITE – OWN		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



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		EDUCATION	PROVIDED OR COMMENTS				
	\						
Person in Ch	narge /Title:	<u>5</u> .			Date:		
Inspector:	Mhint Zil	DISTRIBUTION: WHITE - OWI	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



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			PROVIDED OR COMMENTS				
		EDUCATION	PROVIDED OR COMMENTS				
	. \	* /					
Person in Ch	narge /Title:	X .			Date:		
Inspector:	Mhi & Zil	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A