



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

|         |           |
|---------|-----------|
| TIME IN | TIME OUT  |
| DATE    | PAGE 1 of |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

|                                     |          |                 |                       |                                  |             |
|-------------------------------------|----------|-----------------|-----------------------|----------------------------------|-------------|
| ESTABLISHMENT NAME:                 |          | OWNER:          |                       | PERSON IN CHARGE:                |             |
| ADDRESS:                            |          |                 | ESTABLISHMENT NUMBER: |                                  | COUNTY:     |
| CITY/ZIP:                           |          | PHONE:          |                       | FAX:                             |             |
|                                     |          |                 |                       | P.H. PRIORITY : H M L            |             |
| ESTABLISHMENT TYPE                  |          |                 |                       |                                  |             |
| BAKERY                              | C. STORE | CATERER         | DELI                  | GROCERY STORE                    | INSTITUTION |
| RESTAURANT                          | SCHOOL   | SENIOR CENTER   | SUMMER F.P.           | TAVERN                           | TEMP.FOOD   |
| MOBILE VENDORS                      |          |                 |                       |                                  |             |
| PURPOSE                             |          |                 |                       |                                  |             |
| Pre-opening                         |          | Routine         |                       | Follow-up                        |             |
|                                     |          | Complaint       |                       | Other _____                      |             |
| FROZEN DESSERT                      |          | SEWAGE DISPOSAL |                       | WATER SUPPLY                     |             |
| Approved Disapproved Not Applicable |          | PUBLIC PRIVATE  |                       | COMMUNITY NON-COMMUNITY PRIVATE  |             |
| License No. _____                   |          |                 |                       | Date Sampled _____ Results _____ |             |

**RISK FACTORS AND INTERVENTIONS**

**Risk factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

| Compliance |     | Demonstration of Knowledge  |   | COS   | R | Compliance |     | Potentially Hazardous Foods                                 |     | COS | R |
|------------|-----|---|---|---|---|------------|-----|---|-----|-----|---|
| IN         | OUT | Person in charge present, demonstrates knowledge, and performs duties |   |   |   | IN         | OUT | N/O   | N/A |     |   |
|            |     | Employee Health   |   |   |   | IN         | OUT | N/O   | N/A |     |   |
| IN         | OUT | Management awareness; policy present                                  |   |   |   | IN         | OUT | N/O   | N/A |     |   |
| IN         | OUT | Proper use of reporting, restriction and exclusion                    |   |   |   | IN         | OUT | N/O   | N/A |     |   |
|            |     | Good Hygienic Practices   |   |   |   | IN         | OUT | N/O   | N/A |     |   |
| IN         | OUT | N/O   | Proper eating, tasting, drinking or tobacco use   |   |   | IN         | OUT | N/O   | N/A |     |   |
| IN         | OUT | N/O   | No discharge from eyes, nose and mouth  |   |   | IN         | OUT | N/O   | N/A |     |   |
|            |     | Preventing Contamination by Hands                                     |   |   |   | IN         | OUT | N/A   |     |     |   |
| IN         | OUT | N/O   | Hands clean and properly washed   |   |   |            |     | Consumer Advisory   |     |     |   |
| IN         | OUT | N/O   | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |   |   |            |     | Consumer advisory provided for raw or undercooked food      |     |     |   |
| IN         | OUT |   |   |   |   | IN         | OUT | N/O   | N/A |     |   |
|            |     | Approved Source   |   |   |   |            |     | Highly Susceptible Populations                              |     |     |   |
| IN         | OUT | Food obtained from approved source                                    |   |   |   | IN         | OUT | N/A   |     |     |   |
| IN         | OUT | N/O   | N/A   | Food received at proper temperature                               |   | IN         | OUT |   |     |     |   |
| IN         | OUT | Food in good condition, safe and unadulterated                        |   |   |   |            |     | Chemical  |     |     |   |
| IN         | OUT | N/O   | N/A   | Required records available: shellstock tags, parasite destruction |   | IN         | OUT | N/A   |     |     |   |
|            |     | Protection from Contamination   |   |   |   |            |     | Conformance with Approved Procedures                        |     |     |   |
| IN         | OUT | N/A   | Food separated and protected  |   |   |            |     | Compliance with approved Specialized Process and HACCP plan |     |     |   |
| IN         | OUT | N/A   | Food-contact surfaces cleaned & sanitized   |   |   |            |     |   |     |     |   |
| IN         | OUT | N/O   | Proper disposition of returned, previously served, reconditioned, and unsafe food           |   |   |            |     |   |     |     |   |

The letter to the left of each item indicates that item's status at the time of the inspection.  
 IN = in compliance      OUT = not in compliance  
 N/A = not applicable      N/O = not observed  
 COS = Corrected On Site      R = Repeat Item

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Safe Food and Water   |  | COS | R | IN | OUT | Proper Use of Utensils  |  | COS | R |
|----|-----|---|--|-----|---|----|-----|---|--|-----|---|
|    |     | Pasteurized eggs used where required  |  |     |   |    |     | In-use utensils: properly stored  |  |     |   |
|    |     | Water and ice from approved source  |  |     |   |    |     | Utensils, equipment and linens: properly stored, dried, handled                       |  |     |   |
|    |     | Food Temperature Control  |  |     |   |    |     | Single-use/single-service articles: properly stored, used                             |  |     |   |
|    |     | Adequate equipment for temperature control  |  |     |   |    |     | Gloves used properly  |  |     |   |
|    |     | Approved thawing methods used   |  |     |   |    |     | Utensils, Equipment and Vending   |  |     |   |
|    |     | Thermometers provided and accurate  |  |     |   |    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, 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  |  |     |   |    |     | Physical Facilities   |  |     |   |
|    |     | Insects, rodents, and animals not present   |  |     |   |    |     | Hot and cold water available; adequate pressure                                       |  |     |   |
|    |     | Contamination prevented during food preparation, storage and display                |  |     |   |    |     | Plumbing installed; proper backflow devices   |  |     |   |
|    |     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |  |     |   |    |     | Sewage and wastewater properly disposed   |  |     |   |
|    |     | Wiping cloths: properly used and stored   |  |     |   |    |     | Toilet facilities: properly constructed, supplied, cleaned                            |  |     |   |
|    |     | Fruits and vegetables washed before use   |  |     |   |    |     | Garbage/refuse properly disposed; facilities maintained                               |  |     |   |
|    |     |   |  |     |   |    |     | Physical facilities installed, maintained, and clean                                  |  |     |   |

|   |  |  |               |          |                   |                 |  |
|---|--|--|---------------|----------|-------------------|-----------------|--|
| Person in Charge /Title: <i>Jina Wade</i> |  |  |               | Date:    |                   |                 |  |
| Inspector: <i>Myker Brady</i>             |  |  | Telephone No. | EPHS No. | Follow-up: Yes No | Follow-up Date: |  |



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|                       |  |              |                        |           |              |
|-----------------------|--|--------------|------------------------|-----------|--------------|
| ESTABLISHMENT NAME    |  | ADDRESS      |                        | CITY /ZIP |              |
| FOOD PRODUCT/LOCATION |  | TEMP. in ° F | FOOD PRODUCT/ LOCATION |           | TEMP. in ° F |
|                       |  |              |                        |           |              |
|                       |  |              |                        |           |              |
|                       |  |              |                        |           |              |
|                       |  |              |                        |           |              |

| Code Reference | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b> | Correct by (date) | Initial   |
|----------------|--|-------------------|-----------|
|                |  |                   | <i>SW</i> |

| Code Reference | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> | Correct by (date) | Initial   |
|----------------|---|-------------------|-----------|
|                |   |                   | <i>SW</i> |
|                |   |                   | <i>SW</i> |
|                |   |                   | <i>SW</i> |
|                |   |                   | <i>SW</i> |
|                |   |                   | <i>SW</i> |
|                |   |                   | <i>SW</i> |
|                |   |                   | <i>SW</i> |

EDUCATION PROVIDED OR COMMENTS

|   |               |          |                                      |
|---|---------------|----------|--------------------------------------|
| Person in Charge /Title: <i>Tina Wade</i> |               | Date:    |                                      |
| Inspector: <i>Jaylor Brady</i>            | Telephone No. | EPHS No. | Follow-up: Yes No<br>Follow-up Date: |



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|                       |  |              |                        |           |              |
|                       |  |              |                        |           |              |
|                       |  |              |                        |           |              |
|                       |  |              |                        |           |              |

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|----------------|---|-------------------|----------|
|                |   |                   | SW<br>SW |

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: *Tina Wade* Date:

Inspector: *Jaylon Brady* Telephone No. EPHS No. Follow-up: Yes No  
 Follow-up Date: