

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 NEXT ROUTINE INSPECTION, OR SUCH SHORTER I WITH ANY TIME LIMITS FOR CORRECTIONS SPECII	PERIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	ING BY T	HE REGUL	_ATORY AUTHORITY. FA			
ESTABLISHMENT NAME:	OWNER:	<u> </u>			DICT COD (PERSON IN CHAR	RGE:			
ADDRESS:					HMENT	NUMBER	: COUNTY:			
CITY/ZIP:	PHONE:		FAX:				P.H. PRIORITY :	Н	М	L
		.I IMER F.P.		GROCEF AVERN	RY STOR		INSTITUTION TEMP.FOOD	MOBILE	VENDO	RS
PURPOSE Pre-opening Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disapproved Not Applicable	SEWAGE DISPOSA PUBLIO PRIVA			UPPLY //UNITY			DMMUNITY	PRIVAT Results		
License No	RISK FAC) INTE	RVENT	IONS					
Risk factors are food preparation practices and emplo							ol and Prevention as conti	ributing fac	tors in	
foodborne illness outbreaks. Public health interventic Compliance Demonstration of				ne illnes: mpliance	s or injury	/.	Potentially Hazardous Fo	ods	С	OS R
IN OUT Person in charge present, de and performs duties			IN (OUT N	/O N/A	Proper co	ooking, time and temperatu			
Employee I	Health		IN (OUT N	/O N/A	Proper re	eheating procedures for ho	ot holding		
IN OUT Management awareness; pol IN OUT Proper use of reporting, restr			IN (/O N/A		poling time and temperature ot holding temperatures	es		
Good Hygienic				OUT N	I/O N/A N/A		old holding temperatures			
IN OUT N/O Proper eating, tasting, drinkin No discharge from eyes, nose			IN	OUT N	I/O N/A		ate marking and disposition a public health control (pro			
IN 001 N/O			IN	OUT N	I/O N/A	records)	1 "			
IN OUT N/O Hands clean and properly wa			IN	OUT	N/A	Consume	Consumer Advisory er advisory provided for rav ked food	w or		
IN OUT N/O No bare hand contact with re-					Highly Susceptible Populations			tions		
approved alternate method p IN OUT Adequate handwashing facilit			IN (OUT N	N/O N/A Pasteurized foods used, prohibited foods no			foods not		
accessible Approved S	Source			-		offered	Chemical			
IN OUT Food obtained from approved			IN	OUT	N/A		litives: approved and propo			
IN OUT N/O N/A Food received at proper temp	erature		IN	OUT		Toxic sub used	estances properly identified	d, stored a	nd	
IN OUT Food in good condition, safe							ormance with Approved Pr			
IN OUT N/O N/A Required records available: s destruction			IN	OUT	N/A	and HAC	ce with approved Speciali CP plan	zeu Proce	SS	
Protection from Co			The	letter to	the left o	f each item	indicates that item's statu	s at the tin	ne of the	
IN OUT N/A Food-contact surfaces cleaned				ection.						
Proper disposition of returned	I. previously served.				n complia not appl		OUT = not in complian N/O = not observed	ce		
IN OUT N/O Proper disposition of returned reconditioned, and unsafe for					-Correcte	d On Site	R=Repeat Item			
Good Retail Practices are prev		OD RETAIL			ogens ch	emicals an	d physical objects into foc	ods		
IN OUT Safe Food and Wa		COS R	IN	OUT	gono, on		oper Use of Utensils	,40.	COS	R
Pasteurized eggs used where require Water and ice from approved source	ed						perly stored t and linens: properly store	ad driad		
water and ice nom approved source					handled		t and intens. property store	eu, uneu,		
Food Temperature C Adequate equipment for temperature						se/single-sused proper	ervice articles: properly sto	ored, used		
Approved thawing methods used	CONTROL					Utensils	, Equipment and Vending			
Thermometers provided and accurate	•						contact surfaces cleanable	e, properly		
Food Identification	n				Warewa	shing facilit	ted, and used ties: installed, maintained,	used; test		
Food properly labeled; original contain	ner				Strips us Nonfood		ırfaces clean			
Prevention of Food Conta					llat and		Physical Facilities			
Insects, rodents, and animals not pre Contamination prevented during food			+				available; adequate press proper backflow devices	ure		
and display			_							
Personal cleanliness: clean outer clo fingernails and jewelry							water properly disposed			
Wiping cloths: properly used and store Fruits and vegetables washed before					Toilet fa	cilities: prop	perly constructed, supplied operly disposed; facilities n	d, cleaned		
Truits and vegetables wasned before	u30						istalled, maintained, and c			
Person in Charge /Title:	Ar					Da	ate:			
Inspector: M: 17./	7)(4	İT	elepho	ne No	FPH	S No. Fo	ollow-up:	Yes		No
MO 580-1814 (9-13)	DISTRIBUTION: WHITE -				CANARY - FI	Fo	ollow-up Date:			E6.37



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [®]	T NAME	ADDRESS		CITY/ZII)		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. ir	ı ° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduc	TY ITEMS ction to an acceptable level, haza n 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial
							13S
							10-
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities	ITEMS or structures, equipment design, rected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial
							133
							,-
							13S
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							בכן
		EDUCATION PRO	OVIDED OR COMMENTS				
Person in Ch	arge /Title:	A . A-			Date:		
Inspector:	- 15 1 - 15 1	Dristy	Telephone No.	EPHS No.	Follow-up:	Yes	No
	Mlain I Lil		. 5.55.10110 110.		Follow-up Date:		



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							13S	
		EDUCATION PRO	OVIDED OR COMMENTS					
	(T:tl	1			Date:			
Person in Ch	narge / Title:	adist.			Dato.			



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								13S	
		EDUCATION I	PROVIDED OF	RCOMMENTS					
Person in Ch	narge /Title:	A. A.				Date:			
Inspector:	Mlim F Fil	DISTRIBUTION: WHITE - OWN		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374	



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Person in Ch	arge /Title:	Sist				Date:			
Inspector:	Manffil	DISTRIBUTION: WHITE - OWN	IEDIO CODI	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374	