

MO 580-1814 (9-13)

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

TIME IN	TIME OUT					
DATE	PAGE 1 of					

	S FOR CORRECTIONS SPECIF										AILURE IC	COMPL	_ T
ESTABLISHMENT NAME: OWNER:				PERSON IN CHARGE:									
ADDRESS:					EST	ABLIS	HMENT	NUMBE	R: COUNT	Y:			
CITY/ZIP:		PHONE:		١	FAX:				P.H. PRI	ORITY:	Н	М	L
ESTABLISHMENT TYPE BAKERY	C. STORE CATE			•			ERY STOR	RE	INSTITUTION	ı	MOBILE	/ENDOR	RS
PURPOSE Pre-opening	SCHOOL SENIC		MER F.P. Other			AVERI			TEMP.FOOD				
FROZEN DESSERT		SEWAGE DISPOSA				JPPL							
	approved Not Applicable	PUBLIC				IUNIT			COMMUNITY		PRIVATI		
License No	<u> </u>	PRIVAT		ID II		D) /ENI	TIONO	Date	Sampled		Results		
		RISK FACT											
	preparation practices and emplo eaks. Public health intervention								ntrol and Preven	tion as conti	ributing fac	ors in	
Compliance	Knowledge	COS	R		npliance		Ī	Potentially Ha	Potentially Hazardous Foods			S R	
IN OUT	monstrates knowledge,			IN OUT N/O N/A Prope				cooking, time ar	ooking, time and temperature				
	and performs duties Employee I	łealth			IN C		N/O N/A		reheating proce	edures for ho	nt holding	+	
IN OUT	Management awareness; poli				IN C		N/O N/A		cooling time and			+	
IN OUT	Proper use of reporting, restri				IN (N/O N/A	1 0 1					
	Good Hygienic				IN (N/A		cold holding ten				
IN OUT N/O	Proper eating, tasting, drinkin No discharge from eyes, nose				IN (OUT	N/O N/A		date marking ar s a public health			$-\!\!\!+\!\!\!\!-$	
IN OUT N/O	No discharge from eyes, nose	and mouth			IN (TUC	N/O N/A	records		control (pro	cedules /		
	Preventing Contamin	ation by Hands							Consum	er Advisory			
IN OUT N/O	Hands clean and properly was	shed			IN (TUC	N/A		mer advisory pro	vided for rav	w or		
IN OUT N/O	No bare hand contact with rea							underce	ooked food Highly Suscep	ed food ighly Susceptible Populations			
IN OUT	approved alternate method pr Adequate handwashing facilit				IN C	DUT	N/O N/A		rized foods used	d, prohibited	foods not		
	accessible Approved S	OUICE						offered		emical			
IN OUT	Food obtained from approved				IN (TUC	N/A	Food a	dditives: approve		erly used	_	
IN OUT N/O N/A	Food as a board at a sea a transport				IN OUT Toxic substances properly identified, store used					ıd			
IN OUT	Food in good condition, safe a	and unadulterated							nformance with	Approved Pi	rocedures		
Required records available: shellstock tags, parasite					IN	OUT	N/A	/A Compliance with approved Specialized Process and HACCP plan			,S		
	destruction Protection from Co	ontamination						and nA	CCP pian				
IN OUT N/A	Food separated and protected				The	letter t	o the left o	of each ite	m indicates that	item's statu	s at the tim	e of the	
	TWA .				inspection.								
IN OUT N/A Food-contact surfaces cleaned & sanitized IN OUT 1/10 Proper disposition of returned, previously served,							in compli not app		OUT = not N/O = not	in complian observed	ce		
IN OUT N/O	reconditioned, and unsafe foc						S=Correct						
		GO	OD RETA	IL PF	RACT	ICES							
	Good Retail Practices are prev						nogens, cl				ds.		
IN OUT	Safe Food and Wa	.0.	COS F	R	IN	OUT			Proper Use of U	tensils		cos	R
	urized eggs used where require r and ice from approved source	a					Utensils	s, equipme	roperly stored ent and linens: p	roperly store	ed, dried,	+	
	Food Temperature Co	ontrol					handled		e-service articles	· proporty of	orod upod		-
Adequ	uate equipment for temperature							use/single used pror		. property st	orea, usea	+	+
	oved thawing methods used	oona o						Utens	sils, Equipment a	ind Vending			
Thern	Thermometers provided and accurate							and nonfood-contact surfaces cleanable, properly ned, constructed, and used					
Food Identification				Î			Warewa strips u	vashing facilities: installed, maintained, used; test used					
Food	properly labeled; original contai			重					surfaces clean				
	Prevention of Food Contamination			_]				Physical Facilities nd cold water available; adequate pressure					
Insects, rodents, and animals not present											ure	+	+
Contamination prevented during food preparation, storage and display									d; proper backflo				
finger	onal cleanliness: clean outer clot rnails and jewelry								tewater properly				
	g cloths: properly used and stor			_					roperly construct				+
Fruits	and vegetables washed before	use		\dashv					oroperly dispose installed, maint			+	+
Person in Charge /1	Title: I A		<u> </u>				i ilyaice		Date:	anica, and C	-cuii		
Inenactor:	fare roll	~		Tolo	nhor	ne No	EDI	16 No	Follow up:		Yes		No
Inspector:	Jan Lin	P		reie	וטווטן	ic MO			Follow-up: Follow-up Dat	e:	168		No

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

PAGE 2 of

ESTABLISHMENT NAME		ADDRESS			CITY/ZII	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° 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 a hin 72 hours o	cceptable level, haza or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
								$\Delta \mathcal{D}$	
								~~	
								۸ ۸	
								$\Delta \mathcal{D}$	
								$\Delta \mathcal{D}$	
Code Reference	Core items relate to general sanitation	, operational controls, facilities	RE ITEMS es or structures	s, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOF	s). These items are to be	corrected by t	he next regular insp	ection or as	stated.		ΔD	
								100	
								$\Delta \mathcal{D}$	
								ΔD	
		EDUCATION P	PROVIDED O	R COMMENTS					
Person in Ch	arge /Title: Lave L	Ø				Date:			
Inspector:	m/ f 1/			Telephone No.	EPHS No.	Follow-up:	Yes	No	
MO 580-1814 (9-13)	Malant Tronas	DISTRIBUTION: WHITE - OWNE		CANARY - FILE C	2001	Follow-up Date:		F6 37Δ	



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

PAGE 3 of

STABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOO	FOOD PRODUCT/LOCATION		FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
			TEMP. in ° F FOOD PRODUCT/ LOCATION					
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIO elimination, prevention or r E IMMEDIATE ACTION w	ORITY ITEMS eduction to an acceptable level, haza ithin 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facili	DRE ITEMS ties or structures, equipment design, corrected by the next regular insp	general maint	enance or sanitation	Correct by (date)	Initial	
	<u> </u>	,	<u>, </u>				ΔD	
		EDUCATION	PROVIDED OR COMMENTS					
Person in Ch	arge /Title: Lang Lhu				Date:			
Inspector: MO 580-1814 (9-13)	Man & Honor	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	