

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY REESTABLISHMENT NAME: OWNER:										COMPLY	Y
ADDRESS:					ESTABLISHMENT NUMBER: COUNTY:						
CITY/ZIP:		PHONE:			FAX	:			P.H. PRIORITY: H	M	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DEL							ERY STOR		INSTITUTION MOBILE VI	ENDORS	3
PURPOSE Pre-opening	T SCHOOL SENIC Routine Follow-up		Other			AVER			TEMP.FOOD		
FROZEN DESSE		SEWAGE DISPOSA				UPPL					
	Disapproved Not Applicable	PUBLIO PRIVA		С	OMN	/UNI	ΓΥ		OMMUNITY PRIVATE ampled Results _		
License No.		RISK FAC		ND I	INTE	RVEN	NTIONS				
									trol and Prevention as contributing facto	rs in	
Compliance	tbreaks. Public health intervention Demonstration of		COS	R		mpliand		y. T	Potentially Hazardous Foods	COS	3 R
IN OUT	Person in charge present, der	•			IN	OUT	N/O N/A	Proper c	cooking, time and temperature		
111 001	and performs duties Employee F	lealth				OUT	N/O N/A		reheating procedures for hot holding		
IN OUT	Management awareness; poli					OUT	N/O N/A		cooling time and temperatures		
IN OUT	Proper use of reporting, restri	ction and exclusion				OUT	N/O N/A	Proper h	not holding temperatures		
IN OUT N/O	Good Hygienic Proper eating, tasting, drinking					OUT	N/A N/O N/A		cold holding temperatures date marking and disposition		
IN OUT N/O	No discharge from eyes, nose					OUT		Time ac	a public health control (procedures /		
IN OUT N/O					IN	001	N/O N/A	records)			
	Preventing Contamin Hands clean and properly was				<u></u>			Consum	Consumer Advisory er advisory provided for raw or		
IN OUT N/O	,				IN	OUT	N/A	underco	oked food		
IN OUT N/O	No bare hand contact with rea approved alternate method pr								Highly Susceptible Populations		
IN OUT	Adequate handwashing facilit accessible				IN	OUT	N/O N/A	Pasteuri offered	zed foods used, prohibited foods not		
	Approved S	ource						Citorea	Chemical		
IN OUT	Food obtained from approved				IN	OUT	N/A		ditives: approved and properly used		
	Food received at proper temp				IN	OUT		used	bstances properly identified, stored and		
IN OUT	Food in good condition, safe a								formance with Approved Procedures nce with approved Specialized Process		
IN OUT N/O N	destruction	• • • • • • • • • • • • • • • • • • • •			IN	OUT	N/A		CCP plan		
OUT	Protection from Co				The	lottor	to the left o	of acab itam	n indicates that item's status at the time	of the	
IN OUT N/	Food contest confesses also as				_	ection		n each iten	n indicates that item's status at the time	oi trie	
IN OUT N/	Proper disposition of returned						= in compli A = not app		OUT = not in compliance N/O = not observed		
IN OUT N/O	reconditioned, and unsafe foo	d					S=Correct	ed On Site	R=Repeat Item		
	Oard Datell Desetions are assured		OD RETA						and alternated alternate into facility		
IN OUT	Good Retail Practices are previous Safe Food and Wa			R	IN	OUT			Proper Use of Utensils	COS	R
	steurized eggs used where require							utensils: pro	operly stored		
Wa	ater and ice from approved source						Utensils handled		nt and linens: properly stored, dried,		
	Food Temperature Co	ontrol							service articles: properly stored, used		
	equate equipment for temperature							used prope	erly		
	proved thawing methods used ermometers provided and accurate						Food o		ls, Equipment and Vending I-contact surfaces cleanable, properly		
111	·						designe	ed, construc	cted, and used		
	Food Identification	n					Warewa strips u		lities: installed, maintained, used; test		
For	od properly labeled; original contain						Nonfoo	d-contact s	surfaces clean		
Ins	Prevention of Food Conta sects, rodents, and animals not pre-						Hot and	d cold water	Physical Facilities r available; adequate pressure		
Co	ntamination prevented during food display								l; proper backflow devices		
Pe	rsonal cleanliness: clean outer clot gernails and jewelry	hing, hair restraint,					Sewage	e and waste	ewater properly disposed		
Wi	ping cloths: properly used and store	ed							operly constructed, supplied, cleaned		
Fru	uits and vegetables washed before	use							roperly disposed; facilities maintained		
Person in Charge	e/Title: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				<u> </u>		Physica		installed, maintained, and clean Date:		
lana t	Levered 1. Levered			I T - 1	- u l·		. 1 ==:	10 N			
inspector:	Title: Aera Menorel	roly		rele	epno	ne No). EPF		Follow-up: Yes Follow-up Date:		10

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	ADDRESS			CITY/ZIP		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	P. in ° F FOOD PRODUCT/ LOCATION				n ° 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 72 hours or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
							N.M.	
							n.m.	
							1.m,	
							1.m.	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities	ITEMS or structures, equipment design, rected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							1.00	
							1.M.	
							M.M.	
							N.M.	
							1.m	
							N.M.	
		EDUCATION PRO	OVIDED OR COMMENTS					
Person in Ch	rarge /Title: , Leve New	امم			Date:			
Inspector:		b Brady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13)



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 3 of

ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. ir	ı ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORI elimination, prevention or redu /E IMMEDIATE ACTION withi	TY ITEMS ction to an acceptable level, haza n 72 hours or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
	Of Injury. These items must receive	E IMMEDIATE ACTION WITH	IT 72 Hours of as stated.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities	ITEMS or structures, equipment design, rrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							M.M.	
						•	1.m.	
						·	N.M.	
							M.M	
		EDUCATION PR	OVIDED OR COMMENTS					
Person in Ch	arge /Title: 1 2 2 21	1			Date:			
Inspector: \	many III	Bady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	



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

PAGE	4	of		

ESTABLISHMENT NAME		ADDRESS			CITY/ZII	CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/ LOCATION						ı°F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIO elimination, prevention or re E IMMEDIATE ACTION with	RITY ITEMS duction to an ac	ceptable level, haza	ırds associate	d with foodborne illness	Correct by (date)	Initial	
Code		СО	RE ITEMS				Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	operational controls, facilities). These items are to be	es or structures, corrected by th	equipment design, e next regular insp	general maint pection or as	enance or sanitation stated.	(date)		
							,	1.m.	
							•	N.M.	
								1.m.	
								N.M.	
		EDUCATION F	PROVIDED OF	RCOMMENTS					
Person in Ch	arge /Title: 🔥 🔊	1				Date:			
Inspector:	Marin J Z. L. Myk	Bury		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)	//	DISTRIBITION: WHITE - OWN	EDIC CODY	CANARY - FILE C	ODV			F6 37Δ	



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE ⁵ of

ESTABLISHMENT NAME		ADDRESS	CITY/ZI	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. ii	n°F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY I e elimination, prevention or reductio VE IMMEDIATE ACTION within 72	TEMS n to an acceptable level, haza hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial
Code		CORE ITI	EMS			Correct by	Initial
Reference	Core items relate to general sanitatio standard operating procedures (SSO	n, operational controls, facilities or s Ps). These items are to be correc	structures, equipment design, cted by the next regular ins	general maint pection or as	tenance or sanitation stated.	(date)	
							1.m.
						,	1.M.
							1.m.
							1.00
		EDUCATION PROV	IDED OR COMMENTS				
Person in Cl	harge /Title: A 1	•			Date:		
Inspector:	1/200 41/en	Mo Blady	Telephone No.	EPHS No.	Follow-up:	Yes	No
	Melaning Lil My	Jane J	041147217	ODV.	Follow-up Date:		E0.07:



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 6 of

ESTABLISHMENT NAME		ADDRESS			CITY/ZII	CITY/ZIP			
FOC	D PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCA			ATION TEM		۱° F	
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIORI Imination, prevention or redu IMMEDIATE ACTION withi	TY ITEMS uction to an aco	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 (SSOPs	CORI	EITEMS or structures,	equipment design,	general maint	enance or sanitation	Correct by (date)	Initial A.M.,	
								A.M	
		EDUCATION PR	OVIDED OF	COMMENTS					
Person in Cha	arge /Title: , Leva Menor	7		-		Date:			
Inspector:		Budy DISTRIBUTION: WHITE - OWNER		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374	