

## 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	TION THIS DAY, THE ITEMS NO	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRI	TING BY 1	THE REC	GULA <sup>-</sup>	TORY AUTHORITY. FAIL			
ESTABLISHMENT	OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OWNER:					PERSON IN CHARGE:					
ADDRESS:		ESTABLISHMENT NUMBE			ER:	R: COUNTY:						
CITY/ZIP:	PHONE:	PHONE:			FAX:			P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCE	RY STOR	RE		STITUTION M MP.FOOD	MOBILE V	'ENDOF	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable License No.			COMMUNITY NON-CC				MMUNITY PRIVATE mpled Results					
		RISK FACT		) INTE	RVEN	TIONS						
Risk factors are food	preparation practices and employe	e behaviors most com	monly repor	ted to th	ne Cent	ers for Dis	sease Co	ontrol a	and Prevention as contrib	uting facto	ors in	_
Compliance	eaks. Public health intervention Demonstration of K				me illnes mpliance		y. I	Po	otentially Hazardous Food	ls	CC	DS R
IN OUT	Person in charge present, demo and performs duties	<b>v</b>		IN (	IN OUT N/O N/A		Proper	Proper cooking, time and temperature				
	Employee He						eating procedures for hot holding					
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restricti			IN (	I TUC							
	Good Hygienic Prac			IN	OUT	N/A	N/A Proper cold holding temperatures					
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose a					<u>N/O N/A</u>			marking and disposition ublic health control (proce	edures /		
IN OUT NO	Proventing Contaminat	on by Hands		IN		N/O N/A	record	ls)	Consumer Advisory			
IN OUT N/O	Preventing Contamination by H UT N/O Hands clean and properly washed			IN	OUT	N/A	Consumer advisory provided for		dvisory provided for raw of	or		
IN OUT N/O No bare hand contact with ready-									ghly Susceptible Populations			
IN OUT	OUT Adequate handwashing facilities su accessible			IN (	N OUT N/O N/A Pasteurized				d foods used, prohibited foods not			
	Approved Sou	irce					Ullered	u	Chemical			
					Toxic cubo				tives: approved and properly used stances properly identified, stored and			
IN OUT N/O N/A				used								
IN OUT				Complianc				rmance with Approved Procedures ce with approved Specialized Process				
IN OUT N/O N/A	A Required records available: shellstock tags, parasite destruction Protection from Contamination			IN OUT N/A and HACCP plan						5		
IN OUT N/A	Food separated and protected	ammation		The	letter to	o the left o	of each ite	em ind	dicates that item's status a	at the time	e of the	
IN OUT N/A				inspection. IN = in compliance OUT = not in compliance								
Proper disposition of returned, previously serve				N/A = not applicable N/O = not observed								
	reconditioned, and unsafe food		OD RETAIL			S=Correcte	ed On Sit	te	R=Repeat Item		_	_
	Good Retail Practices are preven					logens, ch	emicals.	and p	physical objects into foods	S.		
IN OUT	Safe Food and Wate	•	COS R	IN	OUT				er Use of Utensils		COS	R
	urized eggs used where required r and ice from approved source								rly stored nd linens: properly stored	. dried.		
				_	handled							
Adequ	Food Temperature Control Adequate equipment for temperature contro						used pro		rice articles: properly store	ed, used		
Appro						Uten	sils, E	quipment and Vending				
Thern								ntact surfaces cleanable,	properly			
Food Identification						Warewa	designed, constructed, and used Warewashing facilities: installed, maintained, used; test strips used					
Food properly labeled; original container							onfood-contact surfaces clean					
Prevention of Food Contamination Insects, rodents, and animals not present				_		Hot and	Physical Facilities and cold water available; adequate pressure					
Contamination prevented during food preparation, store					ļ				oper backflow devices	0		
and display Personal cleanliness: clean outer clothing, hair restraint,				+		Sewage	e and wa	stewa	ter properly disposed		+	+
fingernails and jewelry				_		Ĵ				cleaned		
Wiping cloths: properly used and stored           Fruits and vegetables washed before use						Garbag	Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained					
Demorrie Ol						Physica	I facilitie		alled, maintained, and clea	an		
Person in Charge /1	Christa Z. Ma	rtin						Date	;.			
Inspector:	Fitte: Uniota J. Ma	N	T	elepho	ne No.	PHE	S No.		ow-up: Y ow-up Date:	′es		No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COF	γ		CANARY – F	ILE COPY		m up Date.			E6.37



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FOOD ESTABLISHMENT IN			PAGE 2	of	
ABLISHMENT NAME	ADDRESS		CITY/ZIP		
FOOD PRODUCT/LOCATION	TEMP. in ° F FOOD PROD		LOCATION	TEMP. ii	n ° F
Code	PRIORITY II	TEMS		Correct by	Init
eference Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction	to an acceptable level, hazards a hours or as stated.	ssociated with foodborne illn	ess (date)	
Code	CORE ITE	MS		Correct by	Init
ference Core items relate to general sanitation standard operating procedures (SSO	Ps). These items are to be correct	ted by the next regular inspection	on or as stated.	n (date)	
	EDUCATION PROVI	DED OR COMMENTS			
		DED OR COMMENTS			
rson in Charge /Title: Unista Z. M. pector: Mhin J. M. M.			Date: ES No. Follow-up:	Yes	



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

F C	DOD ESTABLISHMENT IN	SPECTION REPORT			PAGE <sup>3</sup> of		
ESTABLISHMENT NAME ADDRESS			CITY /ZIF	)			
FOOD PRODUCT/LOCATION		TEMP. in ° F	EMP. in ° F FOOD PRODUCT/ LO			TEMP. in ° F	
Code		PRIORITY I	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	e elimination, prevention or reduction	to an acceptable level, haza hours or as stated.	rds associated	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or st	tructures, equipment design, o	general mainte	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSO	-s). These items are to be correct	ted by the next regular hisp		stateu.		
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title: Christa X.N	Nartin			Date:		
Inspector:	arge /Title: Unista A.M Mhris Friid Myle	r Brady	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C	OPY			E6.37A