

## 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	CTION, OR SUCH SHORTER PE	RIOD OF TIME AS MA	AY BE SPE	CIFIED	IN WRIT	ING BY T	HE REGU	ACILITIES WHICH MUST BE CORRECULATORY AUTHORITY. FAILURE TO			
ESTABLISHMENT	OWNER:	IN THIS NOTICE MAY RESULT IN CESS OWNER:				JRFUUL	PERSON IN CHARGE:				
ADDRESS:					HMENT I	NUMBE	R: COUNTY:	COUNTY:			
CITY/ZIP:	PHONE:	PHONE:					P.H. PRIORITY : H	М	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		I MER F.P.		GROCEF AVERN	RY STOR	E	INSTITUTION MOBILE V TEMP.FOOD	ENDOR	S	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Dis	SEWAGE DISPOS/ PUBLIC PRIVA <sup>-</sup>					OMMUNITY PRIVATE Sampled Results					
		RISK FACT		ID INTE	RVENT	IONS					
Risk factors are food	preparation practices and employe	e behaviors most com	monly repo	orted to th	ne Cente	ers for Dis	ease Con	trol and Prevention as contributing factor	rs in		
foodborne illness outbr Compliance	eaks. Public health interventions Demonstration of Kr				me Illnes mpliance	s or injury	/.	Potentially Hazardous Foods	CO	S R	
IN OUT	Person in charge present, demo and performs duties			IN	OUT N	I/O N/A	Proper of	cooking, time and temperature			
IN1	Employee Hea					1/0 N/A		reheating procedures for hot holding			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction							Proper cooling time and temperatures Proper hot holding temperatures			
IN OUT N/O	Good Hygienic Pr	actices		IN	OUT	N/A	Proper of	cold holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking of No discharge from eyes, nose a				OUT N	<u>N/O N/A</u> N/O N/A		date marking and disposition a public health control (procedures /			
	Preventing Contaminati	on by Hands		IIN		N/O N/A	records	) Consumer Advisory	-		
IN OUT N/O	Llanda alaan and properly weeked			IN	OUT	N/A		ner advisory provided for raw or boked food			
IN OUT N/O No bare hand contact with ready-t approved alternate method proper								Highly Susceptible Populations			
IN OUT Adequate handwashing facilities s accessible				IN			Pasteur offered	ized foods used, prohibited foods not			
	Approved Source							Chemical			
IN OUT					Tovi			ditives: approved and properly used ubstances properly identified, stored and			
IN OUT N/O N/A				IN			used				
IN OUT	Food in good condition, safe and Required records available: she			151			Conformance with Approved Procedures Compliance with approved Specialized Process				
IN OUT N/O N/A	destruction	amination		IN	IN OUT N/A		and HACCP plan				
IN OUT N/A	Protection from Contamination Food separated and protected			The letter to the left of each item indicates that item's status at the time							
IN OUT N/A	Food-contact surfaces cleaned & sanitized			IN = in compliance OUT = not in compliance							
IN OUT N/O				N/A = not applicable COS=Corrected On Site				N/O = not observed			
	reconditioned, and unsafe food		OD RETAI			=Correcte	a On Site	R=Repeat Item			
	Good Retail Practices are preven					ogens, ch	emicals, a	and physical objects into foods.			
IN OUT	Safe Food and Water		COS R	IN IN	OUT			Proper Use of Utensils	COS	R	
	eurized eggs used where required r and ice from approved source							roperly stored ent and linens: properly stored, dried,			
					handled			use/single-service articles: properly stored, used			
Adeq	Food Temperature Control Adequate equipment for temperature control						used prop	erly			
	oved thawing methods used nometers provided and accurate					Food on	Utensi	ils, Equipment and Vending			
mem					designe	d and nonfood-contact surfaces cleanable, properl gned, constructed, and used					
					Warewa strips us	vashing facilities: installed, maintained, used; test used					
Food	r ination				Nonfood	I-contact s	surfaces clean Physical Facilities				
Insec			-		Hot and	cold wate	er available; adequate pressure				
Conta	eparation, storage		1			bing installed; proper backflow devices					
and display Personal cleanliness: clean outer clothing, hair restraint, fingeranile and involution				+		Sewage	and wast	tewater properly disposed			
fingernails and jewelry Wiping cloths: properly used and stored						Toilet fa	et facilities: properly constructed, supplied, cleaned				
	Fruits and vegetables washed before use				Garbage/refuse properly disposed; facilities maintained						
Person in Charge /1	Title: Quli A Quan P				1	Physical		installed, maintained, and clean Date:	1		
	nic. Belinda Relangert R.B.1444			Telepho		EPH	S No I	Follow-up: Yes		No	
	n Dhady			•			F	Follow-up. Fes	I		
MO 580-1814 (9-13)	V	DISTRIBUTION: WHITE -	OWNER'S CO	JPY	C	CANARY – FI	LE COPY			E6.37	



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MBECCN					PAGE <sup>2</sup> of		
ESTABLISHMEN	TNAME	ADDRESS	CITY /ZIP	'/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	CT/ LOCATION		TEMP. in ° F		
Code Reference	Priority items contribute directly to the	PRIORITY IT	EMS	s associated wit	h foodborne illness	Correct by (date)	Initial
	Priority items contribute directly to the or injury. These items MUST RECEI	VE IMMEDIATE ACTION within 72	hours or as stated.			(0010)	
l .							BR
							BR
							BR
							BR
Code Reference	Core items relate to general sanitatio	CORE ITE n, operational controls, facilities or st	ructures, equipment design, ge	neral maintenar	ce or sanitation	Correct by (date)	Initial
	standard operating procedures (SSO	Ps). These items are to be correct	ed by the next regular inspec	ction or as state	ed.		BR
							U
							BR
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	arge /Title: Belinda Rolling	vest		Da	ite:		
Inspector:	Apuller Brady	<b>F</b>	Telephone No.	EPHS No. Fo	llow-up:	Yes	No
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