

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 INSPEC	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER P	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED	IN WRIT	ING BY T	THE REGU	JLATORY AUTHORITY. FAILL					
ESTABLISHMENT N		PECIFIED IN THIS NOTICE MAY RESULT OWNER:			334110	NOI TO	<u>OKTOOD</u>		PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:				R: COUNTY:	COUNTY:				
CITY/ZIP:		PHONE:						P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOI		.I IMER F.P.		GROCEI AVERN	RY STOR	ŀΕ	INSTITUTION MO TEMP.FOOD	OBILE VE	NDORS	S		
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other										
	approved Not Applicable	SEWAGE DISPOSA PUBLIC	UBLIC COMMUNITY NO				MMUNITY PRIVATE mpled Results						
License No		RISK FAC) INTE	RVENT	IONS							
	preparation practices and employ							trol and Prevention as contribut	ting factors	s in			
foodborne illness outbre Compliance	eaks. Public health intervention Demonstration of h				ne illnes mpliance	s or injury	/.	Potentially Hazardous Foods		COS	S R		
IN OUT	Person in charge present, dem			IN	OUT N	I/O N/A	Proper o	cooking, time and temperature					
	and performs duties Employee He	ealth		IN	OUT N	I/O N/A	Proper	reheating procedures for hot ho	olding				
IN OUT	Management awareness; police Proper use of reporting, restrice			IN		I/O N/A		cooling time and temperatures not holding temperatures					
IN OUT	Good Hygienic F				N TUO TUO	N/A N/A		cold holding temperatures					
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose			IN	1 TUO	N/O N/A		date marking and disposition a public health control (proced	uros /				
IN OUT N/O	<u> </u>			IN	N TUO	N/O N/A	records)		ui e 3 /				
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	OUT	N/A		Consumer Advisory er advisory provided for raw or oked food	•				
IN OUT N/O	No bare hand contact with read							Highly Susceptible Populations	S				
IN OUT	approved alternate method pro Adequate handwashing facilitie			IN	OUT N	I/O N/A		zed foods used, prohibited food	ds not	-			
	accessible Approved Sc	urce		+**	-		offered	Chemical					
IN OUT	Food obtained from approved			IN	OUT	N/A		ditives: approved and properly					
IN OUT N/O N/A	Food received at proper temper	rature		IN	OUT		Toxic su used	bstances properly identified, st	ored and				
IN OUT	Food in good condition, safe a							formance with Approved Proce					
IN OUT N/O N/A	Required records available: sh destruction			IN				nce with approved Specialized CCP plan	Process				
IN OUT N/A	Protection from Cor Food separated and protected	ntamination	-	The	letter to	the left o	f each iten	n indicates that item's status at	the time o	of the			
1071	Food-contact surfaces cleaned	& sanitized			inspection.				are arrie e	,			
	Proper disposition of returned,					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT N/O	reconditioned, and unsafe food	i i				=Correcte	ed On Site	R=Repeat Item					
	Good Retail Practices are preve		OD RETAIL			ogone ch	omicals a	nd physical chiects into foods					
IN OUT	Safe Food and Water		COS R	IN	OUT	ogens, cn		roper Use of Utensils		COS	R		
	urized eggs used where required							operly stored					
vvater	and ice from approved source					handled		nt and linens: properly stored, o	ariea,				
A.1.	Food Temperature Co							service articles: properly stored	d, used				
	uate equipment for temperature oved thawing methods used	control				Gloves	used prope Utensil	erry s, Equipment and Vending					
	nometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly		roperly					
	Food Identification			-				cted, and used lities: installed, maintained, use	ed; test				
Food generally labeled a string language					strips us	sed							
F000	Food properly labeled; original container Prevention of Food Contamination					Nonfood-contact surfaces clean Physical Facilities							
	Insects, rodents, and animals not present							r available; adequate pressure					
and di		,				Plumbin	ig installed	; proper backflow devices					
Perso	nal cleanliness: clean outer cloth	ing, hair restraint,				Sewage	and waste	ewater properly disposed					
Wiping	nails and jewelry g cloths: properly used and store							operly constructed, supplied, cle					
Fruits	and vegetables washed before u	ise				Garbage	e/refuse pr	operly disposed; facilities main	tained				
Person in Charge /T	itle: RA: A DAA					Physica		nstalled, maintained, and clear Date:	ı		<u> </u>		
	Delm da Kellerger	J	I.—										
Inspector: Jaylo	^{itle:} Belinda Rillengei 1 <i>Brady</i>		T	elepho	ne No.	EPH		Follow-up: Ye Follow-up Date:	es		10		
MO 580-1814 (\$\sqrt{13})	- 0	DISTRIBUTION: WHITE -	OWNER'S COP	PΥ	(CANARY - FI	ILE COPY		_		E6.37		



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

FOOD ESTABLISHMENT INSPECTION REPORT

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	CITY/ZIP				
FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT/ LOCATION	TEMP. in ° F				
Code Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial			
Code Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial			
		BR			
		BR			
		BR			
	1				
EDUCATION PROVIDED OR COMMENTS					
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: Belin da Rellerget Inspector: Mula Brady Telephone No. EPHS No. Follow-up: Follow-up Date:					