

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPE	ECIFIED I	N WRIT	ING BY T	HE REGUL	CILITIES WHICH MUST BE CORREC ATORY AUTHORITY. FAILURE TO		
ESTABLISHMENT	IN THIS NOTICE MAY RESULT IN CESSATION OF Y OWNER:					PERSON IN CHARGE:				
ADDRESS:			EST	ABLISH		NUMBER:	COUNTY:			
CITY/ZIP:		PHONE:	PHONE:					P.H. PRIORITY : H	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREF SCHOOL SENIOR (l Mer F.P.		GROCE	RY STOR		INSTITUTION MOBILE V FEMP.FOOD	ENDOR	S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other							
FROZEN DESSERT Approved Dis- License No.	F Sapproved Not Applicable	EWAGE DISPOSA PUBLIC PRIVAT	;	ATER S COMN	UPPLY IUNITY			MMUNITY PRIVATE mpled Results		
		RISK FACT		ID INTE	RVENT	IONS				
								ol and Prevention as contributing factor	ors in	
Compliance	eaks. Public health interventions Demonstration of Kno		COS		ne llines mpliance	s or injury		Potentially Hazardous Foods	CO	S F
IN OUT	Person in charge present, demor			IN (OUT N	I/O N/A		oking, time and temperature		
	and performs duties Employee Hea	lth		IN (I/O N/A	Proper re	heating procedures for hot holding		
IN OUT	Management awareness; policy p	present		IN (OUT N	I/O N/A	Proper co	ng time and temperatures		
IN OUT	Proper use of reporting, restrictio Good Hygienic Pra				OUT N OUT	1/0 N/A N/A		t holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or	tobacco use			OUT N		Proper da	te marking and disposition		
IN OUT N/O	No discharge from eyes, nose an	d mouth		IN	OUT N	I/O N/A	Time as a records)	public health control (procedures /		
	Preventing Contamination						Canauma	Consumer Advisory r advisory provided for raw or		
IN OUT N/O	Hands clean and properly washe			IN	OUT	N/A	undercoo	ked food		
IN OUT N/O	IN OUT N/O No bare hand contact with ready-t approved alternate method proper						ŀ	Highly Susceptible Populations		
IN OUT Adequate handwashing facilities s				IN (OUT N	I/O N/A		ed foods used, prohibited foods not		
	accessible Approved Sour	се				-	offered	Chemical		
IN OUT Food obtained from approved sour		urce		IN	OUT	N/A		itives: approved and properly used		
IN OUT N/O N/A Food received at proper temperatu		ture		IN	OUT		Toxic sub used	stances properly identified, stored and	t	
IN OUT Food in good condition, safe and unadul								ormance with Approved Procedures		
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction				IN	IN OUT N/A Compliance with approved Specialized Proce and HACCP plan			5		
	Protection from Conta	mination		The	lattar ta	the left of	aaab itam	indicates that item's status at the time	of the	
IN OUT N/A Food separated and protected					ection.			indicates that item's status at the time	orthe	
IN OUT N/A Food-contact surfaces cleaned & sanitized IN OUT N/A Proper disposition of returned, previously served				_		in complia = not appli		OUT = not in compliance N/O = not observed		
IN OUT N/O	reconditioned, and unsafe food						d On Site			
			OD RETA							
IN OUT	Good Retail Practices are preventa Safe Food and Water		COS F		OUT OUT	ogens, che		d physical objects into foods.	COS	R
Paste	urized eggs used where required						ensils: pro	perly stored		
Water	r and ice from approved source					Utensils, handled	equipment	t and linens: properly stored, dried,		
	Food Temperature Contr					Single-u		ervice articles: properly stored, used		
	uate equipment for temperature cor oved thawing methods used	ntrol				Gloves ι	Ves used properly			
	nometers provided and accurate						Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanable, properly			1
	Food Identification					designed, constructed, and used Warewashing facilities: installed, maintained, used; te				
						strips us	strips used			
Food properly labeled; original container Prevention of Food Contaminati		nation				Nonfood-contact surfaces clean Physical Facilities		rfaces clean Physical Facilities		+
Insect	ts, rodents, and animals not presen					Hot and		available; adequate pressure		
Conta	Contamination prevented during food preparation							proper backflow devices		
and display Personal cleanliness: clean outer clothing, hair restraint,		g, hair restraint,				Sewage	and waste	water properly disposed		
fingernails and jewelry Wiping cloths: properly used and stored					$ \vdash $	Toilet facilities: properly constructed, supplied, cleaned				
	and vegetables washed before use	9				Garbage	/refuse pro	perly disposed; facilities maintained	1	
Person in Charge /1						Physical		stalled, maintained, and clean ate:		
	Lay & Well	`								
Inspector:	Title: Day & Well I Honor Myber Brady	·		Telepho		PHES	Fo	ollow-up: Yes ollow-up Date:	1	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S CO	OPY	(CANARY - FI				E6.37



F	OOD ESTABLISHMENT IN	ISPECTION REPORT			PAGE ² of		
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION		N	TEMP. i	n ° F
Code		PRIORITY I	TEMS	_	_	Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEN	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	h to an acceptable level, hazan hours or as stated.	ds associated w	ith foodborne illness	(date)	
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Code Reference	Core items relate to general sanitatior	CORE ITE	MS tructures, equipment design, g	eneral maintena	ance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOF	os). These items are to be correct	ted by the next regular inspe	ection or as sta	ted.	. ,	
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		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	harge /Title: M. A ()	4		C	Date:		
Inspector;	Harge /Title: May & Well 7 Haras Mybe Br		Telephone No.	PHES No.	ollow-up:	Yes	No
MO 580-1814 (913)		DISTRIBUTION: WHITE - OWNER'S COP	PY CANARY – FILE CO		ollow-up Date:		E6.37A



Filler Filler	OOD ESTABLISHMENT IN	SPECTION REPORT			PAGE ³ of		
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZI	P		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ION	TEMP. i	n ° F
Code		PRIORITY	ITEMS	_		Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	elimination, prevention or reduction of reduction version of the second se	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)	
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Reference	standard operating procedures (SSOF	Ps). These items are to be corre	cted by the next regular insp	pection or as	stated.	(uale)	
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		EDUCATION PROV	IDED OR COMMENTS				
Person in Ch		Λ			Date:		
Inspector:	- Cay a vier						
	Thomas paylor Brai		Telephone No.	PHES No.	Follow-up:	Yes	No



ESTABLISHMENT NAME ADDRESS CITY/ZIP FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT/ LOCATION FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT/ LOCATION Code PROPUBLIC CODE PROPUBLIC CODE PROPUBLIC CODE PROPUBLIC CODE CODE PROPUBLIC CODE PROPUBLIC CODE CODE PROPUBLIC CODE CODE PROPUBLIC CODE CODE CODE CODE CODE CODE CODE CODE	Correct by (date)	Initial
Code PRIORITY ITEMS C	Correct by	
Image: 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. C	Correct by (date)	Initial
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Code CORE ITEMS C	Correct by	Initial
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.	(date)	IIIIIdi
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EDUCATION PROVIDED OR COMMENTS		
Person in Charge /Title: Date: Date: Inspector: Telephone No. PHES No. Follow-up: Follow-up Date: Mining Frances Mytor Brady	Vac	NI-
Inspector: Multip Flamman Mo 580-1814 (T3) Mo	Yes	No E6.37A



	OOD ESTABLISHMENT IN	NSPECTION REPORT			PAGE ⁵ of		
ESTABLISHMEN	ΓΝΑΜΕ	ADDRESS		CITY/ZIP			
FO	DD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/ LOCATIO			ON	TEMP. ii	n°F
Code		PRIORITY I	TEMS			Correct by	Initial
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	- ,. ,						
Code		CORE ITE	FMS		_	Correct by	Initial
Reference	Core items relate to general sanitatio standard operating procedures (SSO	n, operational controls, facilities or s	tructures, equipment design, ge	eneral mainte ction or as s	enance or sanitation	(date)	initial
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		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title: Daw & Wel	L			Date:		
Inspector:	arge /Title: Day & Wel	4	Telephone No.	PHES No.	Follow-up:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COF	PY CANARY – FILE COF	РҮ	Follow-up Date:		E6.37A