

## 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 WRIT	ING BY T	THE REG	BULAT	ORY AUTHORITY.			
ESTABLISHMENT	OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YO OWNER:			N OF YO			PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER				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		TITUTION IP.FOOD	MOBILE	VENDC	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Dis License No.	SEWAGE DISPOS/ PUBLIC PRIVA <sup>-</sup>					OMMUNITY PRIVATE campled Results _						
	<u> </u>	RISK FAC		) INTE	RVENT	IONS						
Risk factors are food	preparation practices and employe	e behaviors most com	monly repor	ted to th	ne Cente	ers for Dis	ease Co	ntrol a	nd Prevention as cor	ntributing fac	ctors in	
Compliance	eaks. Public health intervention Demonstration of K				ne llines mpliance	is or injury	y.	Pot	tentially Hazardous F	oods		COS R
IN OUT	Person in charge present demon			IN OUT		N/O N/A						
	Employee He			IN (		1/0 N/A			ating procedures for			
IN OUT IN OUT			+					Proper cooling time and temperatures Proper hot holding temperatures				
IN OUT N/O	Good Hygienic Prac			IN	IN OUT N/A			Proper cold holding temperatures Proper date marking and disposition				
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose a					<u>N/O N/A</u> N/O N/A			blic health control (p			
	Preventing Contaminat	on by Hands		IIN		N/O N/A	records	s)	Consumer Advisor		_	
IN OUT N/O	Llanda alaan and properly weeked			IN	OUT	N/A Consum underco			advisory provided for raw or			
IN OUT N/O No bare hand contact with ready-									nly Susceptible Popu	lations		
IN OUT Adequate handwashing facilities s accessible				IN OUT N/O N/A		Pasteu	Pasteurized foods used, prohibited foods not					
	Approved Sou	irce					Ullered	4	Chemical			
IN OUT Food obtained from approved sou				IN OUT N/A			additives: approved and properly used substances properly identified, stored and			nd		
IN OUT N/O N/A						used	ed					
IN OUT	Food in good condition, safe an Required records available: she						Conformance with Approved Procedures Compliance with approved Specialized Process					
IN OUT N/O N/A	destruction Protection from Contamination			IN OUT N/A			and HACCP plan				00	
IN OUT N/A	Food separated and protected	amination		The	letter to	the left o	f each ite	em indi	icates that item's sta	tus at the tin	ne of the	•
IN OUT N/A				inspection. IN = in compliance OUT = not in compliance								
IN OUT N/O Proper disposition of returned, previously s				N/A = not applicable COS=Corrected On Site				I	N/O = not observed			
	reconditioned, and unsafe food		OD RETAIL	DDACT		=Correcte	ed On Site	e	R=Repeat Item			
	Good Retail Practices are prever					ogens, ch	emicals,	and pl	hysical objects into fo	oods.		
IN OUT	Safe Food and Wate	•	COS R	IN	OUT				r Use of Utensils		COS	S R
	urized eggs used where required r and ice from approved source						use utensils: properly a ensils, equipment and		erly stored and linens: properly stored, dried,			
						handled			,			
Adequ	Food Temperature Con uate equipment for temperature co				Single-use/single-se Gloves used proper				ce articles: properly	stored, used		
Appro	Approved thawing methods used						Utensils, Equipment and Vending			g		
Thermometers provided and accurate							ood and nonfood-contact surfaces cleanable, prop esigned, constructed, and used			ole, properly	,	
						washing facilities: installed, maintained, used; test			:			
Food						food-contact surfaces clean						
Insec	ination				Hot and	cold wat		vsical Facilities	2011/D			
Conta	Insects, rodents, and animals not present Contamination prevented during food preparati						and cold water available; adequate pressure nbing installed; proper backflow devices					
and display Personal cleanliness: clean outer clothing, hair restraint,		ng, hair restraint,				Sewage	and was	stewate	er properly disposed			
fingernails and jewelry				-								
Wiping cloths: properly used and stored   Fruits and vegetables washed before use							Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained					
	*							s instal	led, maintained, and		1	
Person in Charge /1	Ittle: 1 our clamb							Date				
Inspector:	Fitle: Nony Wannehri Reent Myth Brudy		Т	elepho	ne No.	EPH			w-up: w-up Date:	Yes		No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COF	γ	(	CANARY - FI			w-up Date.			E6.37



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F	FOOD ESTABLISHMENT INSPECTION REPORT						PAGE <sup>2</sup> of			
ESTABLISHMEN	BLISHMENT NAME ADDRESS CITY /ZIP									
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	TEMP. in ° F					
Code		PRIORITY IT	TEMS			Correct by	Initial			
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	rds associated	d with foodborne illness	(date)				
Code Reference	Core items relate to general sanitatior	CORE ITE	tructures, equipment design.	general mainte	enance or sanitation	Correct by (date)	Initial			
	standard operating procedures (SSOF	ps). These items are to be correct	ted by the next regular insp	ection or as	stated.	(/				
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		EDUCATION PROVI	DED OR COMMENTS							
Person in Ch	harge /Title:				Date:					
Inspector: //	attyn RCent / MAR Brady	$\sim$ $\vee$	Telephone No.	EPHS No.	Follow-up:	Yes	No			
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C	OPY	Follow-up Date:		E6.37A			