

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

TIME IN	TIME OUT					
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NEXT	ROUTIN	E INSPE	CTION, OR SUCH SHORTE	R PERIOD OF TIME AS	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REGUL	CILITIES WHICH MUST BE CORRECT ATORY AUTHORITY. FAILURE TO			
ESTABLISHMENT NAME:				OWNER:	O IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:					UK FOOD C	PERSON IN CHARGE:			
ADDRESS:				-	ESTABLISHME				SHMENT	NUMBER: COUNTY:				
CITY/ZIP:			PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L		
					ELI GROCERY STORE JMMER F.P. TAVERN						E INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURP	OSE Pre-ope	ning	Routine Follow	-up Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable SEWAG				SEWAGE DISPO						NON-COMMUNITY PRIVATE				
	Licen	se No		PRIV						Date Sa	mpled Results			
			•	RISK FA										
			preparation practices and emeaks. Public health interver								ol and Prevention as contributing factor	ors in		
Comp		occ cata.		of Knowledge	COS			mpliance			Potentially Hazardous Foods	CO	S R	
IN (OUT		Person in charge present, demonstrates knowledge,				IN	OUT	N/O N/A	Proper co	oking, time and temperature			
			and performs duties Employee Health			-	IN	OUT	N/O N/A	Proper re	heating procedures for hot holding			
	OUT		Management awareness;	oolicy present					N/O N/A	Proper co	oling time and temperatures			
IN	OUT		Proper use of reporting, re	striction and exclusion nic Practices	_				N/O N/A					
IN (OUT N	/O	Proper eating, tasting, drin					OUT	N/A N/O N/A		te marking and disposition			
IN	OUT N	/O	No discharge from eyes, n					OUT		Time as a	public health control (procedures /			
			Preventing Contac	mination by Hands				001	14/0 14//(records)	Consumer Advisory			
IN	OUT N	10	Hands clean and properly			+	INI	OUT	N/A	Consume	advisory provided for raw or			
IIN	001 14/	<u> </u>	Alebere beed ended 20				IIN	001	IN/A	undercool				
IN	OUT N	/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed							F	lighly Susceptible Populations			
IN OUT			Adequate handwashing facilities supplied & accessible				IN	OUT	N/O N/A	Pasteurize offered				
IN (OUT			d Source		_	INI	OUT	NI/A	Candada	Chemical			
IN OUT N/O N/A		I/O N/A	Food obtained from approved source Food received at proper temperature				IN OUT N/A IN OUT			Food additives: approved and properly used Toxic substances properly identified, stored and used		t		
IN OUT			Food in good condition, safe and unadulterated							Conformance with Approved Procedures				
IN (IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction Protection from Contamination				IN OUT N/A			Compliance with approved Specialized Process and HACCP plan				
INI /			Food separated and protect				The	letter t	to the left o	t of each item indicates that item's status at the time of the				
		N/A	Food-contact surfaces cleaned & sanitized			-		inspection.						
IN	IN OUT N/A						IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed				OUT = not in compliance			
IN	IN OUT N/O		Proper disposition of returned, previously served, reconditioned, and unsafe food					· ·						
					OOD RE	TAIL	PRACT	TICES						
			•				_		hogens, ch		d physical objects into foods.			
IN	OUT	Dooto	Safe Food and vurized eggs used where requ		cos	R	IN	OUT	In upo i	Pro Itensils: prop	oper Use of Utensils	cos	R	
			and ice from approved sour								and linens: properly stored, dried,			
				_					handled					
	-	Adequ	Food Temperature uate equipment for temperature	re control						use/single-se used proper	ervice articles: properly stored, used	-		
			ved thawing methods used				Utensils, Equipment and Ven							
		Therm	nometers provided and accur	rate							contact surfaces cleanable, properly			
	Food Identification		ation						ed, constructed, and used ashing facilities: installed, maintained, used; test					
						strips used		sed						
	Food properly labeled; original container Prevention of Food Contami Insects, rodents, and animals not preser Contamination prevented during food pre and display Personal cleanliness: clean outer clothin fingernails and jewelry							Nonfood-contac				-	-	
							+		Hot and		Physical Facilities available; adequate pressure		+	
							1				proper backflow devices		1	
-				clothing hair restraint			Sewag		Sewage	age and wastewater properly disposed			+	
									J			<u> </u>		
Wiping cloths: properly used									t facilities: properly constructed, supplied, clear		1	1 _		
			and vegetables washed before				+				perly disposed; facilities maintained stalled, maintained, and clean	+	1	
Pers	on in C	harge /T	itle: 114 /		I.			1	, 0.00		ate:		1	
			14174)										
Insp	ector:	Mil	itle: Mt. Ly	=		Te	elepho	ne No	. EPH		illow-up: Yes illow-up Date:	1	No	



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZI	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
Code		PRIORITY I	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	n to an acceptable level, haza hours or as stated.	ards associate	d with foodborne illness	(date)		
Code		CORE ITE	EMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or s Ps). These items are to be correc	structures, equipment design, sted by the next regular ins	general maint pection or as	enance or sanitation stated.	(date)		
		EDITICATION DROV	IDED OR COMMENTS					
		LIBOCATION PROV	IDED ON COMMENTS					
Person in Ch	narge /Title:				Date:			
Inspector:	Malanie F. L.)	Telephone No.	EPHS No.	Follow-up:	Yes	No	
	r'wanut full				Follow-up Date:			