

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPE WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESUL ESTABLISHMENT NAME: OWNER:												LY			
ADDRESS:					ESTABLISHMENT NUMBER:				ER:	COUNTY:					
CITY/ZIP:			PHONE:			FAX	:				P.H. PRIORITY :	Н	M	L	
ESTABLISHMEN	IT TYPE														
BAKERY RESTAU		C. STORE CATES SCHOOL SENIC		LI MMER F.F	٥.		GROCE AVERN	ERY STOR	RE		STITUTION MP.FOOD	MOBILE	VENDO	RS	
PURPOSE Pre-open	ing	Routine Follow-up	Complaint	Other											
FROZEN DE			SEWAGE DISPOS				UPPL'								
Approved Disapproved Not Applicable PUBLIC License No. PRIVATE				(MUNITY oled	PRIVAT Results			_	
License	e No		RISK FAC		ND	INTE	RVEN	TIONS							
		preparation practices and emplo	yee behaviors most cor	nmonly re	porte	ed to th	ne Cent	ters for Dis		ontrol a	and Prevention as con	ntributing fac	tors in		
foodborne illne Compliance	ss outbr	eaks. Public health intervention of		cos	ent fo		ne illne mpliance		y. T	Po	tentially Hazardous F	innde	С	os	R
· · · · · · · · · · · · · · · · · · ·	Person in charge present, demonstrates knowle			000		 	-	N/O N/A	Prope		ing, time and tempera			-	
IN OUT		and performs duties	110.	_							- Control of Control	() . ()			
IN OUT		Employee F Management awareness; poli						N/O N/A N/O N/A	, ,,						
IN OUT		Proper use of reporting, restri				_		N/O N/A				uico			
OUT NO	_	Good Hygienic				IN	OUT	N/A			holding temperatures				
IN OUT N/C		Proper eating, tasting, drinking No discharge from eyes, nose		+				N/O N/A			marking and disposition Jublic health control (pr				
IN OUT N/	0	140 discharge from eyes, flose	and modul			IN	OUT	N/O N/A	record		abile freatti control (pi	ocedures /			
		Preventing Contamin									Consumer Advisory				
IN OUT N/C)	Hands clean and properly was	shed			IN	OUT	N/A	Consumer advisory provided for raw or undercooked food						
IN OUT N/C	IN OUT N/O No bare hand contact with ready-to-eat foods or								Highly Susceptible Populations						
approved alternate method properly followed IN OUT Adequate handwashing facilities supplied &					IN (OUT	N/O N/A Pasteurize offered			ed foods used, prohibited foods not					
accessible Approved Source					Offered		<u>u</u>	Chemical							
IN OUT Food obtained from approved source				IN	OUT	N/A									
	IN OUT N/O N/A Food received at proper temperature				IN	OUT	Toxic substances properly identified, stored a used			nd					
IN OUT Food in good condition, safe and unadulterated					Conformance with Approved Procedures Compliance with approved Specialized Proce										
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction					IN	OUT	N/A	N/A and HACCP plan				is			
Protection from Contamination					Tho	lottor t	o the left o	of oach it	om ind	licatos that itom's stat	ue at the tim	o of the			
IN OUT N/A Food separated and protected IN OUT N/A Food-contact surfaces cleaned & sanitized			+		The letter to the left of each item indicates that item's status at the time of the inspection.										
Dropper disposition of returned provincely conved					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed										
reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item															
		Oard Datail Desetions are serviced		OOD RET					!!-		hariaal ahiaata ista fa				
IN OUT		Good Retail Practices are previous Safe Food and Wa		COS	R	IN	OUT	logens, cri	emicais		er Use of Utensils	ous.	COS	R	
	Paste	urized eggs used where require								proper	ly stored				
	Water	and ice from approved source						Utensils handled		nent ar	nd linens: properly sto	red, dried,			
		Food Temperature Co	ontrol							le-serv	ice articles: properly s	stored, used			
		ate equipment for temperature	control					Gloves	used pro						
		ved thawing methods used nometers provided and accurate	1					Food ar			quipment and Vending ntact surfaces cleanab			-	
	THEIN	·						designe	ed, constructed, and used ashing facilities: installed, maintained, used; test						
		Food Identification						strips us	sed						
	Food	Food properly labeled; original container Prevention of Food Contamination						Nonfood	nfood-contact surfaces clean Physical Facilities				+		
	Insect	Insects, rodents, and animals not present				L		Hot and	Hot and cold water available; adequate pressure			sure			
	Conta	Contamination prevented during food preparation, storage and display						Plumbir	bing installed; proper backflow devices						
	Perso	Personal cleanliness: clean outer clothing, hair restraint, ngernails and jewelry						Sewage	wage and wastewater properly disposed						
	Wiping	g cloths: properly used and stor									ly constructed, supplie				
	Fruits	and vegetables washed before	use			-					rly disposed; facilities			-	
Person in Charge /Title: Date:															
Inonostan		Gleate Munder	l teli		IT~!	onha	ao Nic	LEDIT	IC NI-	Fall-		Vos		NI-	
Inspector: Manie Flink						ehii0i	ne No.	. EPH	IS No.		ow-up: ow-up Date:	Yes		No	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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ESTABLISHMEN [*]	T NAME	ADDRESS		CITY/ZII	CITY /ZIP			
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FC	JCT/ LOCAT	TION	TEMP. in ° F		
							Correct by	
Code Reference	PRIORITY ITEMS 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	
Code Reference	CORE ITEMS 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.							
			PROVIDED OR CO					
		2200/(1101(1	TOVIDED OTTOO	NINIE TTTO				
Person in Charge /Title: Cleste Wunderlich								
Inspector:	Milanie J Zwil	DISTRIBUTION: WHITE - OWNE		phone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A