

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

TIME IN	TIME OUT
DATE	PAGE 1 of

WITH ANY TIME LII	MITS	CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF	IED IN THIS NOTICE								ERATIONS.		COMPL	.Y
ESTABLISHMENT NAME: OWNER:											PERSON IN CHARGE:			
ADDRESS:						ESTABLISHMENT NUMBER			ER:	COUNTY:				
CITY/ZIP: PHONE:			PHONE:			FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TY BAKERY		C. STORE CATE		ELI				ERY STOR	RE		STITUTION	MOBILE \	/ENDOR	S
RESTAURAN PURPOSE	NT	SCHOOL SENIC	OR CENTER SU	MMER			AVER			TEN	MP.FOOD			
Pre-opening		Routine Follow-up	Complaint	Oth	ner									
FROZEN DESS Approved		pproved Not Applicable	SEWAGE DISPOS PUBL			TER S					MUNITY	PRIVATE		
License No	o		PRIV	ATE					Date	Samp	oled	Results		
			RISK FAC	CTORS	S AND	INTE	RVEN	NTIONS						
		reparation practices and emplo aks. Public health interventic								ontrol a	and Prevention as cor	ntributing fact	ors in	
Compliance	Julbie	Demonstration of		COS			mplian		y. 	Po	tentially Hazardous F	oods	CO	S R
IN OUT		Person in charge present, der	monstrates knowledge,			IN	OUT	N/O N/A	Prope	er cooki	ing, time and tempera	iture		
	\rightarrow	and performs duties Employee F	lealth			IN	OUT	N/O N/A						
IN OUT		Management awareness; poli				_	OUT	N/O N/A	Prope	er coolir	ng time and temperati			
IN OUT		Proper use of reporting, restriction Good Hygienic					OUT	N/O N/A N/A	Prope	er hot h	olding temperatures holding temperatures		_	
IN OUT N/O		Proper eating, tasting, drinking	g or tobacco use				OUT	N/O N/A	Prope	er date	marking and dispositi			
IN OUT N/O		No discharge from eyes, nose	and mouth			IN	OUT	N/O N/A	Time recore		ublic health control (pr	rocedures /		
		Preventing Contamin	ation by Hands			1			Tecon	us)	Consumer Advisory	/		
IN OUT N/O		Hands clean and properly was	shed			IN	OUT	N/A	Consumer advisory provided for raw or					
IN OUT N/O		No bare hand contact with rea							undercooked food Highly Susceptible Populations					
IN OUT		approved alternate method pr Adequate handwashing facilit accessible				IN	OUT	N/O N/A	Paste		foods used, prohibite	d foods not		
		Approved S	ource			1			Ollere	,u	Chemical			
IN OUT		Food obtained from approved				IN	OUT	N/A			es: approved and pro		\Box	
IN OUT N/O	N/A	Food received at proper temp	erature			IN	OUT		Toxic	substa	nces properly identific	ed, stored an	d	
IN OUT		Food in good condition, safe a							С		ance with Approved F			
IN OUT N/O	N/A	Required records available: sl destruction	hellstock tags, parasite	:		IN	OUT	N/A		oliance HACCP	with approved Specia plan	alized Proces	S	
	_	Protection from Co				┨								
IN OUT	N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the time inspection.						e of the		
	IN OUT N/A Food-contact surfaces cleaned & sanitized Proper disposition of returned, previously served,					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O		reconditioned, and unsafe foo						S=Correcte			R=Repeat Item			
		Good Retail Practices are previous		OOD R					omioolo	and n	busing chicata into fo	nodo.		
IN OUT	,	Safe Food and Wa		COS	R	IN	OUT		emicais		er Use of Utensils	ous.	COS	R
		rized eggs used where require							utensils: properly stored					
	Vater	and ice from approved source						Utensils handled		ment ar	nd linens: properly sto	ored, dried,		
		Food Temperature Co						Single-u	ıse/sing		ice articles: properly s	stored, used		
		ate equipment for temperature yed thawing methods used	control		-	-		Gloves			quipment and Vendin	α	_	
		ometers provided and accurate	;					Food ar	nd nonfo	ood-con	ntact surfaces cleanab	ole, properly		
		Food Identification	2		1			designe	d, cons	tructed,	, and used : installed, maintained	d upod: toot		-
		roou identification	11					strips us		aciiiles	. Ilistalleu, maintainet	ı, useu, test		
F	ood p	properly labeled; original contain						Nonfood	d-contac		ces clean			
Ir	Prevention of Food Contamination Insects, rodents, and animals not present Contamination prevented during food preparation, storage and display Personal cleanliness: clean outer clothing, hair restraint,							Hot and	Physical Facilities d cold water available; adequate pressure			ssure	-	
C						1					pper backflow devices		+	
					1	1		Sewage	and w	astewat	ter properly disposed		+	+
fingernails and jewelry Wiping cloths: properly used and stored Fruits and vegetables washed before use							, ,	t facilities: properly constructed, supplied, cleaned page/refuse properly disposed; facilities maintained						
					1							+-		
	ruito d	washed befole									lled, maintained, and		<u> </u>	
Person in Charg	ge /Ti	tle: pm (**								Date	:			
Inspector:	nha	i Bradu			Те	lepho	ne No	D. EPH	S No.		ow-up:	Yes	1	No
MO 580-1814 (9-18)	l l	G , W	DISTRIBUTION: WHITE	E – OWNE	R'S COPY	7		CANARY - F	ILE COPY		ow-up Date:			E6.37

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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PAGE ² of

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	EMP. in ° F FOOD PRODUCT/ LOCATION					
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 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
							Q.1.	
), (
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE , operational controls, facilities or s s). These items are to be correct	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			,				Q.1(
							R.J. (R.J. (
							Pr.1. (
							011	
							<i>[4.1]</i> [
							Q.] (
		EDITCATION PPOV	IDED OR COMMENTS					
		LEGGATION FROM	DED ON COMMISSION					
Person in Ch	narge /Title:				Date:			
Inspector:	- m. to		Telephone No.	EPHS No.	Follow-up:	Yes	No	
- p	Jayla Grady				Follow-up Date:			



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

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PAGE 3 of

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							Q.J. (
							Pr.J. (
		EDITICATION DROV	IDED OR COMMENTS					
		LDOCATION PROV	IDED ON CONNINENTS					
Person in Ch	narge /Title: mm (**)				Date:			
Inspector:	Joylo Brady		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	