

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 WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY ESTABLISHMENT NAME: OWNER: | | | | | | | | | | | COMPL | Y | | |
|--|---|--|-----------------------|----------------|----------|---|--------|--|---|-----------------------------------|--|-----------------|--------------|-------|
| ADDRESS: | | | | | | ESTABLISHMENT NUMBER: COUNTY | | | | COUNTY: | NTY: | | | |
| CITY/ZIP: | P: PHONE: | | | | | FAX | | | | | P.H. PRIORITY : | Н | М | L |
| ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMME | | | | ELI IMMER I | F.P. | | | | | | | MOBILE V | ENDOR | S |
| PURPOSE Pre-openi | | Routine Follow-up | | | ner | | | | | | | | | |
| FROZEN DE | | approved Not Applicable | SEWAGE DISPO | | | | JPPL\ | | NON | COM | MUNITY | PRIVATE | | |
| License | | THOU THOU THOU THOU THE | PUBL PRIV | | | | | | | | | Results | | |
| | | | RISK FA | CTORS | AND | INTE | RVEN | TIONS | | | | | | |
| | | preparation practices and emplo eaks. Public health interventic | | | | | | | | ontrol a | and Prevention as con | tributing facto | ors in | |
| Compliance | oo oatbi | Demonstration of | | COS | | | | | | | | oods | COS | S R |
| IN OUT Person in charge present, demons | | | monstrates knowledge, | , | | IN OUT N/O N/A Prop | | | | per cooking, time and temperature | | | | |
| IN | | Employee F | | | | | | N/O N/A | | ot holding | | | | |
| IN OUT | | Management awareness; poli Proper use of reporting, restri | | | | _ | | N/O N/A | | | ng time and temperatu olding temperatures | ires | _ | |
| IN OUT N/C | \ | Good Hygienic Proper eating, tasting, drinking | Practices | | | IN | OUT | N/A | Prope | r cold l | nolding temperatures | | | |
| IN OUT N/C | | No discharge from eyes, nose | | | | | | <u>N/O N/A</u> N/O N/A | Time as a public health control (procedures / | | | | | |
| | | Preventing Contamin | ation by Hands | | | | | Consumer Advisory | | | | | | |
| IN OUT N/C |) | Hands clean and properly was | shed | | | IN | OUT | N/A | N/A Consumer advisory provided for raw or undercooked food | | | aw or | | |
| IN OUT N/C |) | No bare hand contact with ready-to-eat foods or | | | | | | | Highly Susceptible Populations | | | ations | | |
| IN OUT | approved alternate method properly followed Adequate handwashing facilities supplied & | | | | | IN (| DUT I | N/O N/A | N/A Pasteurized foods used, prohibited foods not offered | | | I foods not | | |
| | | accessible Approved S | ource | | | | | | Chemical | | | | | |
| IN OUT | roda obtanica nem approvoa coarco | | | | | IN | OUT | N/A | A Food additives: approved and properly used Toxic substances properly identified, stored an | | | | 4 | |
| IN OUT N/O N/A Food received at proper temperature | | | | | | used | | | | | 1 | | | |
| IN OUT Food in good condition, safe and unadulte Required records available: shellstock tag destruction | | | | ; | | Conformance with Approved Procedures IN OUT N/A Compliance with approved Specialized Procedures and HACCP plan | | | | | 3 | | | |
| | | Protection from Co | ontamination | | | | | | anum | ACCI | ріап | | | I |
| IN OUT | N/A | Food separated and protected | | | | The letter to the left of each item indicates that item's status at the time of the inspection. | | | | | | | of the | |
| IN OUT | N/A | Food-contact surfaces cleane | | | | IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed | | | | | | | | |
| IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | | | | | = not appi =Correcte | | | R=Repeat Item | | | |
| | | Good Retail Practices are previous | | OOD RE | | | | ogone ch | omicals | and n | bysical objects into fo | ode | | |
| IN OUT | | Safe Food and Wa | | COS | R | IN | OUT | ogens, cn | erricais, | | er Use of Utensils | ous. | COS | R |
| Paste | | eurized eggs used where required | | | | | | In-use u | se utensils: prop | | ly stored | | | |
| | vvater | and ice from approved source | | | | | | handled | | | | | | |
| | Δάραι | Food Temperature Co late equipment for temperature | | | | | | | e-use/single-service articles: properly stored, used as used properly | | | | | |
| | | ved thawing methods used | CONTROL | | | | | Cioves | | | quipment and Vending | 3 | | |
| | Therm | nometers provided and accurate | • | | | | | | Food and nonfood-contact surfaces cleanable, properly | | | le, properly | | |
| | | Food Identification | | | | | | Warewa | esigned, constructed, and used Varewashing facilities: installed, maintained, used; test trips used | | | , used; test | 1 | |
| | Food | properly labeled; original contain | | | | | | | | | ces clean | | | |
| | Incont | Prevention of Food Conta | | | | | | I let and | Physical Facilities | | | | - | |
| | | ects, rodents, and animals not present namination prevented during food preparation, storage | | | | | | | Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices | | | | + | |
| | and di | I display sonal cleanliness: clean outer clothing, hair restraint, | | | | <u> </u> | | | | | er properly disposed | | <u> </u> | |
| | finger | ngernails and jewelry | | | | <u> </u> | | J | | | | | <u> </u> | |
| | | 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 insta | lled, maintained, and | | | |
| Person in Ch | arge /T | itle: Timethy M. Bo | atlaker | | | | | | | Date | : | | | |
| Inspector: | 1:1: | I JOUNIN DIA | dy | | Tel | lepho | ne No. | EPH | S No. | | w-up: w-up Date: | Yes | N | No |
| MO 580-1814 (9-13) | muz L | ~~ IV JULY WELL | DISTRIBUTION: WHITE | E – OWNER | R'S COPY | | | CANARY – F | ILE COPY | · JiiC | ap 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



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE ² of

| ESTABLISHMENT NAME | | ADDRESS | | CITY/ZII | CITY/ZIP | | | |
|--------------------|---|--|--|---------------|-------------------------------|-------------------|---------|--|
| FO | OD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODU | ICT/ LOCAT | TION | TEMP. ir | ı ° F | |
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| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | PRIOI elimination, prevention or red E IMMEDIATE ACTION with | RITY ITEMS duction to an acceptable level, haza hin 72 hours or as stated. | rds associate | d with foodborne illness | Correct by (date) | Initial | |
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| Code Reference | Core items relate to general sanitation standard operating procedures (SSOP | , operational controls, facilities | RE ITEMS es or structures, equipment design, corrected by the next regular insp | general maint | enance or sanitation stated. | Correct by (date) | Initial | |
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| | | EDUCATION S | DOMBED OF COMMENTS | | | | | |
| | | EDUCATION P | ROVIDED OR COMMENTS | | | | | |
| | | | | | | | | |
| Person in Ch | arge /Title: Limothy M. F. | pottoker | | | Date: | | | |
| Inspector: | Many III DWW I | Hady | Telephone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No | |



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

PAGE ³ of

| STABLISHMENT NAME | | | ADDRESS | | CITY/ZII | CITY/ZIP | | | |
|-------------------------------|---|--|---|--|----------------|-------------------------------|-------------------|--------------|--|
| FOOD PRODUCT/LOCATION | | | TEMP. in ° F | FOOD PRODU | JCT/ LOCAT | ION | TEMP. in ° F | | |
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| Code Reference | Priority items contribut or injury. These items | e directly to the elin | PRIO PRIO PRION PRION OF T PRION WITH ACTION WITH ACTI | ORITY ITEMS reduction to an acceptable level, haza ithin 72 hours or as stated. | ards associate | d with foodborne illness | Correct by (date) | Initial | |
| | | | | | | | | | |
| Code Reference | Core items relate to ge standard operating pro | eneral sanitation, op ocedures (SSOPs). | perational controls, facili | ORE ITEMS ities or structures, equipment design, corrected by the next regular ins | general maint | enance or sanitation stated. | Correct by (date) | Initial | |
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| | | | EDUCATION | PROVIDED OR COMMENTS | | | | | |
| | | | | | | | | | |
| Person in Cha | arge /Title: | Timothy M. B. | oetleker | | | Date: | | | |
| Inspector: MO 580-1814 (9-13) | Claring I II | 104/11 BC | Addy DISTRIBUTION: WHITE - OWI | Telephone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No E6.37A | |