

## 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		RIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	ING BY 1	THE REGUL	CILITIES WHICH MUST BE CORRE LATORY AUTHORITY. FAILURE TO OPERATIONS.		
ESTABLISHMENT	OWNER:					PERSON IN CHARGE:				
ADDRESS:		ESTAB			HMENT	NUMBER	: COUNTY:	COUNTY:		
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORITY : H	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCE	RY STOR		INSTITUTION MOBILE V TEMP.FOOD	ENDOR	S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other							
FROZEN DESSERT Approved Disapproved Not Applicable PUBL License No. PRIV/				VATER SUPPLY COMMUNITY NON-COMMUNITY PRIVAT Date Sampled Result						·
		RISK FAC	TORS AND	D INTEI	RVENT	IONS				
Risk factors are food p	preparation practices and employe eaks. Public health interventions	e behaviors most com	monly repo	rted to th	ne Cente	ers for Dis	ease Contr	ol and Prevention as contributing factor	ors in	
Compliance	Demonstration of Kr				mpliance	s or injury	/.	Potentially Hazardous Foods	CO	S R
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN (	IN OUT N		Proper co	ooking, time and temperature		
	Employee Hea			IN (		I/O N/A		eheating procedures for hot holding		
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction							poling time and temperatures		-+
	Good Hygienic Pr	actices		IN	OUT	N/A	Proper co	old holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking of No discharge from eyes, nose a					<u>N/O N/A</u>		ate marking and disposition a public health control (procedures /		
IN OUT N/O	c , , ,			IN	OUT N	N/O N/A	records)	Consumer Advisory		
IN OUT N/O	Preventing Contaminati Hands clean and properly wash						Consume undercoo	er advisory provided for raw or		
IN OUT N/O	N OUT N/O No bare hand contact with ready- approved alternate method proper						Highly Susceptible Populations			
IN OUT				IN (	OUT N	I/O N/A	Pasteuriz offered			
	Approved Sou							Chemical		
							Food additives: approved and properly used Toxic substances properly identified, stored and			
IN OUT N/O N/A				IN COT used		used				
IN OUT	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite			Complian			ormance with Approved Procedures ace with approved Specialized Process	:		
IN OUT N/O N/A	destruction Protection from Cont	0 / 1		IN	OUT	N/A	and HAC			
IN OUT N/A	Food separated and protected	ammation		The	letter to	the left o	f each item	indicates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized			inspection.						
	Proper dispecition 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 food					=Correcte	ed On Site	R=Repeat Item		
	Good Retail Practices are preven		OD RETAIL			ogens, ch	emicals, an	d physical objects into foods.		
IN OUT	Safe Food and Water		COS R	IN	OUT		Pr	oper Use of Utensils	COS	R
	urized eggs used where required r and ice from approved source			_				perly stored t and linens: properly stored, dried,		
						handled				
Adequ	Food Temperature Control Adequate equipment for temperature control			_			ise/single-s used prope	ervice articles: properly stored, used rlv		-
Appro	Approved thawing methods used						Utensils	, Equipment and Vending		
Thern	nometers provided and accurate							contact surfaces cleanable, properly ted, and used		
	Food Identification					Warewa	arewashing facilities: installed, maintained, used; test			
Food properly labeled; original container				strips used Nonfood-contact su				Irfaces clean		
Prevention of Food Contamination										
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage						cold water available; adequate pressure g installed; proper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint,				_						
fingernails and jewelry					Sewage and wastewater properly disposed					
Wiping cloths: properly used and stored Fruits and vegetables washed before use						Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained				
	×	-		Physical facilities installed, maintained						
Person in Charge /T	Title: T. I MR.	tal	_	_			Da	ate:		
Inspector:	limity M. Boet	ioner	IT	elephor	ne No.	EPH	S No. Fo	ollow-up: Yes	1	No
Milanie 72	<u>±</u>	<u>M</u>		•			Fo	ollow-up Date:		
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COR	PΥ	(	CANARY – F	ILE COPY			E6.37



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

No. Contraction of the second s					PAGE 2 of		
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT	T/ LOCATION		TEMP. ir	n ° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEN	PRIORITY IT elimination, prevention or reduction VE IMMEDIATE ACTION within 72	EMS to an acceptable level, hazards hours or as stated.	s associated with	foodborne illness	Correct by (date)	Initial
							THB
Code		CORE ITE	MS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or st	ructures, equipment design, ger	neral maintenand tion or as state	e or sanitation d.	(date)	Initial
							THB
							TMB
							1110
							TMB
							1110
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	harge /Title: Timothy M. 1	R. Males		Dat	e:		
Inspector:	Milanie III Maria	Blady	Telephone No.	PHS No. Fol	ow-up: ow-up Date:	Yes	No
MO 580-1814 (9-13)	many and power ()	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE COPY		ow-up Date.		E6.37A

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

Maccess	POOD ESTABLISHMENT INSPECTION REPORT						
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/ I			ON	TEMP. ir	۱°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECE!	PRIORITY I e elimination, prevention or reductio VE IMMEDIATE ACTION within 72	TEMS n to an acceptable level, hazar 2 hours or as stated.	ds associated	I with foodborne illness	Correct by (date)	Initial
Code		CORE ITI	EMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or s Ps). <b>These items are to be correc</b>	structures, equipment design, g cted by the next regular inspe	general mainte ection or as s	enance or sanitation stated.	(date)	
							7713
		EDUCATION PROV	IDED OR COMMENTS			-	
Person in Ch	narge /Title: Timothy M.	Boettcher			Date:		
Inspector: MO 580-1814 (9-13)	Ilanii I II MANNA	DISTRIBUTION: WHITE - OWNER'S CO		EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A

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