

MO 580-1814 (9-13/

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 F	ROUTINE	INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REG	ULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NEESTABLISHMENT NAME: OWNER				OWNER:	EMAY RESULT IN CESSATION OF YOUR FOOL				JN OF YO	D OP	PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT NUMI				SHMENT	NUMBE	R:	COUNTY:		
CITY/ZIP: PHO				PHONE:	HONE:			FAX:				P.H. PRIORITY : H	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTE					DELI GROCERY STORE UMMER F.P. TAVERN						INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPO	OSE Pre-oper	ing	Routine Follow-up	Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY										
	Licens	e No		PRIV	PRIVATE					Date Sampled Results				
				RISK FAC										
			preparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing factor	ors in	
Compli			Demonstration of		COS			mpliance			P	otentially Hazardous Foods	CO	S R
IN C	DUT		Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O N/A	Proper cooking, time and temperature		ing, time and temperature		
			Employee F	lealth			IN	OUT	N/O N/A	Proper	rehe	eating procedures for hot holding		_
	TUC		Management awareness; poli	cy present			_		N/O N/A			ng time and temperatures		
IN (DUT		Proper use of reporting, restri Good Hygienic		-	-		OUT OUT	N/O N/A N/A	•				_
IN C	OUT N/O)	Proper eating, tasting, drinkin	g or tobacco use					N/O N/A					
IN C	OUT N/	С	No discharge from eyes, nose	e and mouth			IN	OUT	N/O N/A	Time a records		ublic health control (procedures /		
			Preventing Contamin								Consumer Advisory			
IN (ON TUC)	Hands clean and properly washed				IN	OUT	N/A	Consul		dvisory provided for raw or		
IN C	OUT N/0	<u> </u>	No bare hand contact with ready-to-eat foods or									hly Susceptible Populations		
			approved alternate method properly followed Adequate handwashing facilities supplied &				+	Paetourize			rized	foods used, prohibited foods not		_
IN C	IN OUT		accessible				IN	OUT	N/O N/A	offered				
IN (IN OUT		Approved Source Food obtained from approved source				INI	IN OUT N/A Food additives: approved and			Chemical ves: approved and properly used			
			Food received at proper temperature				IN OUT				substances properly identified, stored and			
IN C	IN OUT		Food in good condition, safe and unadulterated									nance with Approved Procedures		
IN C	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction				IN OUT N/A			Compliance with approved Specialized Process and HACCP plan				
				Protection from Contamination			┨	The letter to th						
IN C	IN OUT N/A		Food separated and protected					The letter to the left of each item indicates that item's status at the ti inspection.					of the	
IN C	DUT	N/A	Food-contact surfaces cleaned & sanitized				IN = in compliance OUT = not in compliance							
IN (N OUT N/O		Proper disposition of returned, previously served, reconditioned, and unsafe food					N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item						
			,		OOD RE	TAIL	PRAC	ΓICES				·		
			Good Retail Practices are prev				_	_	hogens, ch			•		
IN	OUT	Paste	Safe Food and Wa urized eggs used where require		COS	R	IN	OUT	In-use i	Proper Use of Uter use utensils: properly stored			cos	R
			and ice from approved source	<u>.</u>		T			Utensils	Itensils, equipment and linens: properly stored,				
			Food Temperature Co	ontrol					handled Single-	gle-use/single-service articles: properly st ves used properly		vice articles: properly stored used		+
			ate equipment for temperature									, , , , ,		
			ved thawing methods used nometers provided and accurate				-		Food or			Equipment and Vending ntact surfaces cleanable, properly		_
		mem	iometers provided and accurate	•					designe	d, constr	ucted	l, and used		
			Food Identificatio	n					Warewa strips us	_	cilities	s: installed, maintained, used; test		
		Food	properly labeled; original contai	ner							surfa	aces clean		+
		1	Prevention of Food Conta						11.1			ysical Facilities		
-			s, rodents, and animals not pre- mination prevented during food				+					ailable; adequate pressure oper backflow devices		+
	and display Personal cleanliness: clean outer clothi fingernails and jewelry Wiping cloths: properly used and stored			, , ,							·			
				nıng, haır restraint,							stewa	water properly disposed		
									Toilet fa	cilities: p	roper	ly constructed, supplied, cleaned		1
Fruits and vegetables washed before u		use			1					erly disposed; facilities maintained alled, maintained, and clean		-		
Pers	on in Ch	arge /T	itle: 0 / /2 /				-	1	1 1193100	Idollilled	Date		1	
			Lh of	_					T -	~ > -	_			
Person in Charge /Title: Qh III					le	eepho	ne No	. PHE	S No.		ow-up: Yes ow-up Date:	ı	No	



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [*]	T NAME	ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
_						_		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction / EIMMEDIATE ACTION within 7	ITEMS on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT , operational controls, facilities or 's). These items are to be corre	EMS structures, equipment design, cted by the next regular ins	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							PB	
							0B	
							0B	
							0B	
							* _	
		EDUCATION BEST	VIDED OD COMMENTA					
		EDUCATION PROV	/IDED OR COMMENTS					
Person in Ch	arge /Title: Qh a	_			Date:			
Inspector:	Mytor Bindy	-	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	