

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 THE ESTABLISHMENT NAME:  OW				OWNER:						D OP	PERSON IN CHARGE:				
ADDRESS:				•	ESTABLISHMENT NUM				SHMENT	NUMBE	R:	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY : H	М	L	
ESTABLISHMENT TYPE  BAKERY C. STORE CATERE RESTAURANT SCHOOL SENIOR										RE	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 COMMUNITY					NON-COMMUNITY PRIVATE					
	Licens	e No		PRIV	ATE					Date :	Sam	pled 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, der and performs duties	monstrates knowledge,			IN	OUT	N/O N/A	Proper	cook	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			nolding temperatures holding temperatures		_	
IN C	OUT N/O	)	Proper eating, tasting, drinkin	g or tobacco use					N/O N/A	Proper	date	marking and disposition			
IN C	OUT N/	С	No discharge from eyes, nose	e and mouth			IN	OUT	N/O N/A		Time as a public health control (procedures / records)				
			Preventing Contamin									Consumer Advisory			
IN (	ON TUC	)	Hands clean and properly was	shed			IN	OUT	N/A	Consul		dvisory provided for raw or			
IN C	OUT N/0	<u> </u>	No bare hand contact with rea							underc		hly Susceptible Populations			
			approved alternate method pr Adequate handwashing facilit				+			Pastou	rized	foods used, prohibited foods not			
IN OUT Adequate handwashing accessible		accessible				IN	OUT	N/O N/A	offered						
IN (	IN OUT Food obtained from approved Sc					INI	IN OUT N/A Food ac		dditiv	Chemical ves: approved and properly used					
IN OUT N/O N/A		O N/A	Food obtained from approved source Food received at proper temperature							Toxic s		ances properly identified, stored and	i		
IN C	IN OUT IN OUT N/O N/A		Food in good condition, safe and unadulterated									nance with Approved Procedures			
IN C			Required records available: shellstock tags, parasite destruction								mpliance with approved Specialized Process I HACCP plan				
			Protection from Co				┨								
IN C	DUT	N/A	Food separated and protected				The letter to the left of each item in inspection.				em in	dicates that item's status at the time	of the		
IN C	DUT	N/A	Food-contact surfaces cleane					IN =	in complia			OUT = not in compliance			
IN OUT N/O  Proper disposition of return reconditioned, and unsafe		Proper disposition of returned reconditioned, and unsafe for					. = not app S=Correcte		е	N/O = not observed 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 Utensils  use utensils: properly stored			cos	R	
			and ice from approved source	<u>.</u>					Utensils	, equipm		nd linens: properly stored, dried,			
			Food Temperature Co	ontrol					handled Single-		-ser	vice articles: properly stored, used		+	
	Adeq		ate equipment for temperature							s used properly					
			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 Identification  Food properly labeled; original contain		n						Warewashing facilities: installed, maintained, used; test					
				ner						strips used Nonfood-contact surfaces cle		aces clean		+	
		1	Prevention of Food Conta									Physical Facilities			
-	Insects, rodents, and animals not prese Contamination prevented during food pr						+		Hot and cold water available; adequate Plumbing installed; proper backflow d					+	
and display  Personal cleanliness: clean outer clothii fingernails and jewelry			, , ,						Sewage and wastewater properly disposed						
			nıng, haır restraint,					Sewage							
		Wiping	g cloths: properly used and stor						Toilet fa	Toilet facilities: properly constructed, supplied, or		ly constructed, supplied, cleaned		1	
Fruits and vegetables washed before			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 -	~ > -	_				
Inspe	Person in Charge /Title: Oh Oh Inspector: Myn Brady					le	eepho	ne No	. PHE	S No.		ow-up: Yes ow-up Date:	ı	No	



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DACE	2	of		

ESTABLISHMEN'	T NAME	ADDRESS			CITY/ZI	CITY /ZIP				
FOO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	JCT/ LOCAT	TON	TEMP. in ° F			
							Correct by	Initial		
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.									
								PB		
		EDUCATION F	PROVIDED OF	R COMMENTS						
Person in Ch	arge /Title: Qh al					Date:				
Inspector: MO 580-1814 (9-43)	rougho Brody	DISTRIBUTION: WHITE – OWNE		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A		