

## 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	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPE	ECIFIED I	N WRIT	ING BY T	HE REG	ULATORY AUTHORITY.			
ESTABLISHMENT	S FOR CORRECTIONS SPECIFIEI	OWNER:		5541101				PERSON IN CHARGE:			
ADDRESS:		EST	ESTABLISHMENT NUMBER:			R: COUNTY:	COUNTY:				
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREI SCHOOL SENIOR		l Mer F.P.		GROCEF	RY STORI	E	INSTITUTION TEMP.FOOD	MOBILE	/ENDOF	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Dis License No.	PUBLIC				NON-COMMUNITY PRIVATE Date Sampled Results						
		RISK FACT		ID INTEI	RVENT	IONS					
	preparation practices and employed							ntrol and Prevention as cor	ntributing fact	ors in	-
foodborne illness outbr Compliance	eaks. Public health interventions Demonstration of Kn		COS		ne illnes: mpliance	s or injury		Potentially Hazardous F	Foods	CC	DS F
IN OUT	Person in charge present, demor	<u> </u>			· · · · · · · · · · · · · · · · · · ·	/0 N/A	Proper	cooking, time and tempera			
	and performs duties Employee Hea	llth		IN (		/0 N/A	Proper	reheating procedures for	hot holdina		+
IN OUT	Management awareness; policy	present		IN (	N TUC	/O N/A	Proper	cooling time and temperat	ling time and temperatures		
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT N</u> OUT	I/O N/A N/A		hot holding temperatures cold holding temperatures	holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking o	r tobacco use			OUT N	I/O N/A Proper d		date marking and dispositi	te marking and disposition		
IN OUT N/O	No discharge from eyes, nose ar	nd mouth		IN (	OUT N	/O N/A	Time as records	s a public health control (p	rocedures /		
	Preventing Contamination						Conour	Consumer Advisory			
IN OUT N/O	Hands clean and properly washe	d		IN				ooked food	r advisory provided for raw or ked food		
IN OUT N/O	N OUT N/O No bare hand contact with ready-t						Highly Susceptible Popu	lations			
IN OUT	approved alternate method properly Adequate handwashing facilities sup			IN (				rized foods used, prohibite			
	accessible Approved Sour	rce					offered	Chemical			
IN OUT Food obtained from approved source		urce		IN			dditives: approved and pro	ives: approved and properly used			
IN OUT N/O N/A	IN OUT N/O N/A Food received at proper temperate			IN	IN OUT Toxi			ubstances properly identifi	stances properly identified, stored and		
IN OUT	Food in good condition, safe and unadultera							rmance with Approved Procedures			
IN OUT N/O N/A	OUT N/O N/A Required records available: shellstoo destruction			IN				bliance with approved Specialized Process HACCP plan		s	
	Protection from Conta	amination									
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				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT N/O	IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food			COS=Corrected On Site R=Repeat Item							
			OD RETA								
IN OUT	Good Retail Practices are prevent Safe Food and Water		COS F		OUT	ogens, che		and physical objects into to Proper Use of Utensils	oods.	COS	R
	urized eggs used where required						tensils: p	roperly stored			
Water	Water and ice from approved source				Utensils, equip handled			ent and linens: properly sto			
	Food Temperature Contro					Single-u		-service articles: properly	stored, used		
	uate equipment for temperature con oved thawing methods used	ntrol				Gloves u	used properly Utensils, Equipment and Vending				
	Thermometers provided and accurate						d nonfoo	d-contact surfaces cleanal			
	Food Identification			_				ucted, and used cilities: installed, maintained	d. used: test		
						strips us	ed		,		
Food properly labeled; original container Prevention of Food Contamination						Nontood	-contact	surfaces clean Physical Facilities			-
	ts, rodents, and animals not preser						d cold water available; adequate pressure				
	Contamination prevented during food preparation, storage and display					Plumbing	g installe	d; proper backflow devices	3		
Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and was	tewater properly disposed			
	fingernails and jewelry Wiping cloths: properly used and stored					Toilet fac	ilet facilities: properly constructed, supplied, cleaned				
	and vegetables washed before us	vegetables washed before use Garbage/refus			/refuse p	e properly disposed; facilities maintained					
Person in Charge /1	Title:			1		rnysical		installed, maintained, and Date:	ciean	1	
	yon wh	1-				-					
Inspector: Milmin Fromes Lattin Parts				Telephoi	ne No.	EPH		Follow-up: Follow-up Date:	Yes		No
MO 580-1814 (9-13)	-	DISTRIBUTION: WHITE -	OWNER'S CO	OPY	(	CANARY - FIL					E6.37



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F	OOD ESTABLISHMENT IN	NOPECTION REPORT			PAGE 2 of	F	
ESTABLISHMEN	TNAME	ADDRESS	CITY /ZIF	P			
FOOD PRODUCT/LOCATION		TEMP. in ° F	JCT/ LOCAT	ION	TEMP. i	n ° F	
Code		PRIORITY I	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEN	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	n to an acceptable level, haza hours or as stated.	ards associated	d with foodborne illness	(date)	
							0~
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	CORE ITE n, operational controls, facilities or st Ps) These items are to be correct	tructures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
							ow
							sw
							2
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	narge /Title:	Rant-			Date:		
			Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13		DISTRIBUTION: WHITE - OWNER'S COP	CANARY – FILE C	COPY			E6.37A