

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 NO CTION, OR SUCH SHORTER PI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	TING BY 1	THE REGUL	ATORY AUTHORITY. F			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS N ESTABLISHMENT NAME: OWNE							PERSON IN CHARGE:				
ADDRESS:		ESTABLISHMENT NU			NUMBER	: COUNTY:					
CITY/ZIP:		PHONE:	PHONE:					P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOR		I MER F.P.		GROCE AVERN	RY STOR		INSTITUTION FEMP.FOOD	MOBILE	VENDO	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disa	SEWAGE DISPOSA PUBLIC						MMUNITY mpled	PRIVAT Results			
License No		PRIVAT		INTE	RVENT	TIONS					
	preparation practices and employ	ree behaviors most com	monly repor	ted to th	ne Cente	ers for Dis		ol and Prevention as cont	tributing fac	ctors in	
foodborne illness outbre Compliance	eaks. Public health intervention Demonstration of h				ne illnes			Potentially Hazardous Fo	nnds	С	OS R
IN OUT	Person in charge present, dem			+		N/O N/A		ooking, time and temperat			
114 001	and performs duties Employee He	ealth		IN (N/O N/A	Proper re	eheating procedures for h	ot holding		
IN OUT	Management awareness; polic	y present		IN	1 TUO	N/O N/A	Proper co	oling time and temperatu			
IN OUT	Proper use of reporting, restriction Good Hygienic F				<u>1 TUO</u> TUO	N/O N/A N/A		ot holding temperatures old holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose					N/O N/A		ate marking and disposition apublic health control (pro			
IN OUT N/O	9			IN	1 TUO	N/O N/A	records)		ocedures /		
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	OUT	N/A	Consume undercoo	Consumer Advisory or advisory provided for ra ked food	w or		
IN OUT N/O	No bare hand contact with read							Highly Susceptible Popula	ations		
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied & IN OUT N/O N/A				Pasteuriz	ed foods used, prohibited	foods not				
accessible Approved Source				IIN	offered Chemical						
IN OUT				IN	OUT	N/A		itives: approved and prop			
IN OUT N/O N/A	rature		IN	OUT		Toxic sub used	stances properly identifie	d, stored a	nd		
IN OUT	nd unadulterated					Confo	ormance with Approved P				
IN OUT N/O N/A	ellstock tags, parasite		IN	OUT	N/A	Complian and HAC	ce with approved Special CP plan	ized Proce	ss		
IN OUT N/A	Protection from Cor Food separated and protected	ntamination		The	letter to	the left o	f each item	indicates that item's statu	ıs at the tin	ne of the	
1071	Food-contact surfaces cleaned	& sanitized		inspection. IN = in compliance OUT = not in compliance							
Proper disposition of returned proviously served				-		in compile = not appl		N/O = not in compilar	ice		
IN OUT N/O	reconditioned, and unsafe food	i i				=Correcte	ed On Site	R=Repeat Item			
	Good Retail Practices are preve		OD RETAIL			ogens ch	emicals an	d physical objects into for	ods		
IN OUT	Safe Food and Wate	er	COS R	IN	OUT		Pro	oper Use of Utensils		COS	R
	urized eggs used where required r and ice from approved source			-				perly stored t and linens: properly stor	ed dried		
vvator						handled					
Adea	Food Temperature Cou uate equipment for temperature of			+			ıse/single-sı used propei	ervice articles: properly st	tored, used		-
Appro	ved thawing methods used						Utensils	, Equipment and Vending			
Therm	nometers provided and accurate							contact surfaces cleanableted, and used	le, properly	'	
	Food Identification			1		Warewa	shing facilit	ies: installed, maintained	, used; test		
Food	properly labeled; original contain			strips used Nonfood-contact surfaces clean							
Inacet	Prevention of Food Contamination Insects, rodents, and animals not present			-		Physical Facilities Hot and cold water available; adequate pressure					
Contamination prevented during food preparation, storage				1				proper backflow devices	oui C		
and di	isplay nal cleanliness: clean outer cloth	ing, hair restraint		+		Sewage	and waster	water properly disposed			
fingernails and jewelry				1							
Wiping cloths: properly used and stored Fruits and vegetables washed before use				+		I oilet fa Garbag	icilities: prop e/refuse pro	perly constructed, supplied perly disposed; facilities in	a, cleaned maintained		
							I facilities in	stalled, maintained, and o			
Person in Charge /T	Title: Briuss	Janes					Da	ate:			
Inspector:	11/		Te	elepho	ne No.	EPH		ollow-up:	Yes		No
MO 580-1814 (9-13)	17. Honaus	DISTRIBUTION: WHITE -	OWNER'S COP	Υ		CANARY – F		ollow-up Date:			E6.37



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

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ESTABLISHMEN	TNAME	ADDRESS		CITY/ZIF)		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUC	T/ LOCAT	ION	TEMP. ir	າ°F
Code Reference	Priority items contribute directly to the	PRIORITY IT	FEMS	ls associated	d with foodborne illness	Correct by (date)	Initial
1 (0.0.0.0.00	Priority items contribute directly to the or injury. These items MUST RECEIVED	E IMMEDIATE ACTION within 72	hours or as stated.			(44.6)	
Code		CORE ITE	MS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or st	tructures, equipment design, ge	eneral maint	enance or sanitation stated.	(date)	
							BS
							Ť
							BS
							BS
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title: Q - /	18.0			Date:		
Inspector:	Brians.	guille	Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Milani F Honaus	DISTRIBUTION: WHITE _ OWNER'S COP		21/	Follow-up Date:		F6 37A



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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FOO	FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/			TEMP. ir	۱° F	
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVI	PRIO Elimination, prevention or re E IMMEDIATE ACTION with	ORITY ITEMS eduction to an acceptable level, haza thin 72 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 (SSOPs	operational controls, faciliti	ORE ITEMS ies or structures, equipment design, corrected by the next regular ins	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		,					BS	
							BS	
							BS	
		EDUCATION F	PROVIDED OR COMMENTS					
Person in Ch	arge /Title:	s Spirer	<u> </u>		Date:			
Inspector: MO 580-1814 (9-13)	Nelanie J. Florans	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	