

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	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REG	ULA	LITIES WHICH MUST BE CORRE			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS ESTABLISHMENT NAME: OWNE			OWNER:	MAY KE	RESULT IN CESSATION OF YOUR FOOL					JOP	PERSON IN CHARGE:			
ADDRESS:						ESTABLISHMENT NUMBER:					COUNTY:			
CITY/ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMI				ELI MMER F	:.Р.		GROCE AVERN	RY STOR	RE		STITUTION MOBILE \	/ENDOR	RS	
PURPOSE Pre-open	ing	Routine Follow-up	Complaint	Oth	er									
FROZEN DE Approved	SEWAGE DISPOS	BLIC COMMUNITY NON-C							DMMUNITY PRIVATE					
License	e No		PRIV						Date S	Samı	oled Results			
			RISK FAC											
		preparation practices and emplo eaks. Public health intervention								ntrol a	and Prevention as contributing fact	ors in		
Compliance		Demonstration of		cos			mpliance			Po	tentially Hazardous Foods	CO	S R	
-INOUT-		Person in charge present, der and performs duties	nonstrates knowledge,			IN	OUT	N/O N/A	Proper	cook	ing, time and temperature			
		Employee F	lealth			IN	OUT	N/O N/A	Proper	rehe	ating procedures for hot holding			
-INOUT		Management awareness; poli	cy present				OUT	N/O N/A			ng time and temperatures			
IN OUT		Proper use of reporting, restriction Good Hygienic			_		OUT OUT	N/O N/A N/A			olding temperatures holding temperatures			
IN OUT N/C)	Proper eating, tasting, drinking			-			N/O N/A			marking and disposition			
IN OUT N/O)	No discharge from eyes, nose	and mouth			IN	OUT	N/O N/A			ublic health control (procedures /			
		Preventing Contamin	ation by Hands			+			records	S)	Consumer Advisory			
IN OUT N/C)	Hands clean and properly was				IN	OUT	N/A			dvisory provided for raw or			
		No bare hand contact with rea	dy-to-eat foods or			+ "`		undercod			ted food lighly Susceptible Populations			
IN OUT N/C	IN OUT N/O approved alternate method pro								riig	Thy Susceptible Fopulations				
IN OUT	IN OUT Adequate handwashing faciliti accessible					IN	OUT	Γ N/O N/A Pasteurized offered			foods used, prohibited foods not			
-INOUT-		Approved S					OUT-	N/A	Food o	al alitic	Chemical			
IN OUT N/O N/A Food received at proper temper									Toxic s		es: approved and properly used inces properly identified, stored an	d		
Food in good condition, safe ar								Coi		ance with Approved Procedures				
IN OUT N/	O N/A	Required records available: sl destruction				IN OUT N/A Compliance with approved Speci and HACCP plan				S				
		Protection from Co				The	lottor t	a tha laft a	f acab ita	in a	licates that item's status at the time	o of the		
N/A Food separated and protected						The letter to the left of each item indicates that item's status at the ti inspection.								
IN OUT N/A Food-contact surfaces cleaned				IN = in compliance OUT = not in comp N/A = not applicable N/O = not observed					OUT = not in compliance					
IN OUT N/O Proper disposition of returned, p reconditioned, and unsafe food						COS=Corrected On				е	R=Repeat Item			
		0 10 1 10 11		OOD RE										
IN OUT		Good Retail Practices are prevenues Safe Food and Wa		COS	e intro	IN	or patr	nogens, cn		_	er Use of Utensils	COS	R	
	Paste	urized eggs used where require				_			use utensils: properly stored					
	Water	and ice from approved source								ent a	nd linens: properly stored, dried,			
		Food Temperature Co	ontrol			_		handled Single-u		-serv	ice articles: properly stored, used		+	
		ate equipment for temperature				_	_	Gloves used properly						
		ved thawing methods used nometers provided and accurate	,					Food ar			quipment and Vending tact surfaces cleanable, properly			
	IIICIII	iometers provided and accurate						designe	designed, constructed,		, and used			
		Food Identification	n						Warewashing facilities: installed strips used		: installed, maintained, used; test			
	Food	properly labeled; original contain							Nonfood-contact surface					
	Insect	Prevention of Food Conta s, rodents, and animals not pres				_	_	Hot and	Physical Facilities					
	Contamination prevented during food					1_			Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices			+	+	
	and display										·	1		
	Personal cleanliness: clean outer clothing, hair restra fingernails and jewelry		nıng, haır restraint,					Sewage	vage and wastewater properly disposed					
	Wiping	g cloths: properly used and store				┢─	Toilet facilities: properly constructed, supplied, clean			ly constructed, supplied, cleaned				
	Fruits	and vegetables washed before	use				<u> </u>				rly disposed; facilities maintained	+		
Person in Ch	large /T	itle· 🔬 1	0. /			1	I	Physica		Date	illed, maintained, and clean	1		
. 5.5511111 01		Paul 0	Mon							_				
Inspector:	me	itle: Paul (Те	lepho	ne No.	. EPH			ow-up: Yes		No	



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ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIF	CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. in ° F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORI elimination, prevention or redu E IMMEDIATE ACTION withi	ITY ITEMS uction to an acceptable level, haza in 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial		
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.								
							PP		
							PP		
							PP		
							PP		
		EDUCATION PR	ROVIDED OR COMMENTS						
Person in Ch	parge /Title: Pay F	2:2			Date:				
Inspector:	Mlanie F II		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A		



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Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE I , operational controls, facilities o	r structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
							PP	
							PP	
		EDUCATION PRO	VIDED OR COMMENTS					
Person in Ch	arge /Title: pp 1 k	ion			Date:			
Inspector:	Milanie J. L. J.	10W	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	