

## 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 R  | OUTINE                  | INSPE  | CTION, OR SUCH SHORTER PI   | ERIOD OF TIME AS I | MAY BE S   | SPEC                      | IFIED I            | IN WR   | ITING BY 1  | THE RE   | GULA  | LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO      |                           |     |
|---|-------------------------|--|---|--------------------|--|---------------------------|--------------------|---|---|--|---|--|---------------------------|-----|
| WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE ESTABLISHMENT NAME:  OWNER: |                         |  |   | MAY RES            | Y RESULT IN CESSATION OF YOUR FOOD O             |                           |                    |   |   | JD OF  | PERSON IN CHARGE:   |  |                           |     |
| ADDRESS:  |                         |  |   |                    | ESTABLISHMENT N                                  |                           |                    |   | NUMB  | ER:  | COUNTY:   |  |                           |     |
| CITY/ZIP: PHONE:  |                         |  |   | PHONE:             |  | FAX:                      |                    |   |   |  | P.H. PRIORITY: H  | М  | L                         |     |
|   |                         |  |   | ELI<br>MMER F      | .I GROCERY STORE<br>IMER F.P. TAVERN             |                           |                    |   | RE  | E INSTITUTION MOBILE VENDORS TEMP.FOOD                                   |   |  |                           |     |
| PURPO:  | SE<br>re-openi          | ng   | Routine Follow-up   | Complaint          | Othe   | Other                     |                    |   |   |  |   |  |                           |     |
|   |                         |  |   | SEWAGE DISPOS      | .IC  | WATER SUPPLY<br>COMMUNITY |                    |   |   | NON-COMMUNITY PRIVATE Date Sampled Results _                             |   |  |                           |     |
|   | License                 | No   |   | PRIVA<br>RISK FAC  |  | VVID                      | INITE              | D\/EN   | ITIONS  | Date   | - Cum   | prod recents   |                           |     |
| Dick fo   | ctors a                 | e food r   | orenaration practices and employ  |                    |  |                           |                    |   |   | - A25A   | ontrol  | and Prevention as contributing factor                      | ore in                    |     |
| foodbo  | rne illnes              |  | eaks. Public health intervention  |                    | es to pre  | vent fo                   | oodbor             | ne illne  | ess or injur  |  |   |  |                           |     |
| Complia   | nce                     |  | Demonstration of k  |                    | COS  | R                         | <del>† '</del>     |   |   | Proper eaching time and temperature                                      |   |  | CO                        | S R |
| IN O  | UT                      |  | Person in charge present, demonstrates knowledge, and performs duties                   |                    |  |                           | IN OUT N/O N/A     |   |   | Proper cooking, time and temperature                                     |   |  |                           |     |
| IN O  | UT                      |  | Employee He Management awareness; polic   |                    |  |                           | _                  |   | N/O N/A   | , ,,   |   |  | $-\!\!\!\!\!+\!\!\!\!\!-$ | _   |
| Ū   | UT<br>UT                |  | Proper use of reporting, restrict   |                    |  |                           |                    |   | N/O N/A   | Proper cooling time and temperatures  Proper hot holding temperatures    |   |  | +                         | _   |
| 111 0   | UT N/C                  |  | Good Hygienic P   |                    |  |                           |                    | OUT   | N/A   |  |   | holding temperatures                                       | $\perp$                   |     |
|   |                         |  | Proper eating, tasting, drinking No discharge from eyes, nose                           |                    |  |                           |                    |   | N/O N/A   |  |   | marking and disposition ublic health control (procedures / | +                         | -   |
| IN O  | UT N/C                  | )  |   |                    |  |                           | IN                 | OUT   | N/O N/A   | record   |   |  |                           |     |
| IN O  | UT N/C                  | )  | Preventing Contamina Hands clean and properly wash                                      |                    |  |                           | IN OUT N/A         |   |   |  |   | Consumer Advisory r advisory provided for raw or           |                           |     |
| IN O  | UT N/C                  | )  | No bare hand contact with read  |                    |  |                           |                    |   |   | undercooked food Highly Susceptible Populations                          |   |  |                           |     |
| IN O  | UT                      |  | approved alternate method properly followed  Adequate handwashing facilities supplied & |                    |  |                           | IN OUT N/O N/A     |   |   | Pasteurized foods used, prohibited foods not                             |   |  |                           |     |
|   | accessible              |  |   | urce               |  | -                         |                    |   | offered Chemical  |  |   | _  | _                         |     |
| IN O  | UT                      |  | Approved Source Food obtained from approved source                                      |                    |  |                           | IN OUT N/A         |   |   | Food   | additi  | ves: approved and properly used                            |                           |     |
| IN OUT N/O N/A  |                         |  | Food received at proper temperature   |                    |  |                           | IN OUT             |   | Toxic substances properly identified, stored and used       |  |   |  |                           |     |
| IN OUT  |                         |  | Food in good condition, safe and unadulterated  |                    |  |                           |                    |   |   | Conformance with Approved Procedures                                     |   |  |                           |     |
| IN OUT N/O N/A  |                         | O N/A  | Required records available: shellstock tags, parasite destruction                       |                    |  |                           | IN OUT N/A         |   | Compliance with approved Specialized Process and HACCP plan |  |   | ;  |                           |     |
|   |                         |  | Protection from Cor   | tamination         |  |                           |                    |   |   |  |   |  |                           |     |
| IN O  | UT                      | N/A  | Food separated and protected  | '                  |  |                           |                    | The letter to the left of each item indicates that item's status at the inspection. |   |  |   | dicates that item's status at the time                     | of the                    |     |
| IN O  | IN OUT N/A              |  | Food-contact surfaces cleaned & sanitized   |                    |  |                           | . IN = in compliar |   |   | iance OUT = not in compliance  |   |  |                           |     |
| IN OUT N/O  |                         | )  | Proper disposition of returned, previously served, reconditioned, and unsafe food       |                    |  |                           |                    |   | \ = not appl<br>S=Correcte                                  |  | ite   | N/O = not observed<br>R=Repeat Item                        |                           |     |
|   |                         |  | reconditioned, and unsale lood  |                    | OOD RE   | TAIL I                    | PRACT              |   | o concor  | ou on o  | 110   | TO TOPOUT NOM  |                           |     |
|   |                         |  | Good Retail Practices are preve   |                    |  |                           |                    |   | hogens, ch  | emicals  | , and   | physical objects into foods.                               | _                         |     |
| IN  | OUT                     |  | Safe Food and Water   |                    | cos  | R                         | IN                 | OUT   |   | Proper Use of Utensils utensils: properly stored                         |   |  | cos                       | R   |
|   |                         |  | urized eggs used where required<br>and ice from approved source                         |                    | <del>                                     </del> |                           | 1                  |   |   |  |   | and linens: properly stored, dried,                        | +                         | +   |
|   |                         |  |   | 11                 |  |                           | 4                  |   | handled   | d<br>use/single-service articles: properly stored, used<br>used properly |   |  | <u> </u>                  |     |
|   |                         | Food Temperature Co  |   |                    |  |                           |                    |   |   |  |   |  | +                         | +   |
|   |                         | Appro  | ved thawing methods used  |                    |  |                           |                    |   |   | Utensil  |   | Equipment and Vending                                      |                           |     |
|   |                         | Therm  | nometers provided and accurate  |                    |  |                           |                    |   |   | nd nonfood-contact surfaces cleanable, properly d, constructed, and used |   |  |                           |     |
|   |                         |  | Food Identification   |                    |  |                           |                    |   |   | ashing fa  |   | s: installed, maintained, used; test                       |                           |     |
|   |                         | Food   | properly labeled; original contain  | er                 |  |                           |                    |   |   | Nonfood-contact s  |   | aces clean   |                           | +   |
|   |                         | 1  | Prevention of Food Contar   |                    |  |                           | 1                  |   | I lat and   |  |   | nysical Facilities   |                           | _   |
|   |                         |  | s, rodents, and animals not presemination prevented during food p                       |                    |  |                           | $\vdash$           |   |   |  |   | railable; adequate pressure roper backflow devices         | +                         | +   |
|   |                         | and display  Personal cleanliness: clean outer clothing, hair rest |   |                    |  |                           | 1                  |   |   |  |   | ·  | <u> </u>                  |     |
|   | fingernails and jewelry |  |   |                    |  |                           |                    | Sewage and  |   | and wa   | and wastewater properly disposed                                  |  |                           |     |
| Wiping cloths: properly used and stored Fruits and vegetables washed before use           |                         |  | d   |                    |  |                           |                    |   |   |  | rly constructed, supplied, cleaned                                |  | 1                         |     |
|   |                         |  | se  |                    |  | 1                         |                    |   |   |  | erly disposed; facilities maintained alled, maintained, and clean | +  | +-                        |     |
| Perso   | n in Ch                 | arge /T  | itle: / ^ ^   |                    | <u> </u>   |                           | -                  |   | . 11,5104   |  | Dat   |  |                           |     |
| <u> </u>  |                         |  | The TV (enand   |                    |  | 1-                        | 1=. 1              |   | 1 ==::  | 0  | _   |  |                           |     |
| Person in Charge / Title: New Menard Inspector: Kathyn Park                               |                         |  |   |                    | ıe   | iepno                     | ne No              | .   EPH   | S No.   |  | ow-up: Yes<br>ow-up Date:   | Γ  | No                        |     |



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

## FOOD ESTABLISHMENT INSPECTION REPORT

| ESTABLISHMEN <sup>®</sup>                  | T NAME   | ADDRESS  |   | CITY/ZII       | CITY/ZIP                      |              |         |  |
|--|--|--|---|----------------|-------------------------------|--------------|---------|--|
| FO   | OD PRODUCT/LOCATION  | TEMP. in ° F   | FOOD PRODU  | JCT/ LOCAT     | ION                           | TEMP. in ° F |         |  |
|  |  |  |   |                |                               |              |         |  |
|  |  |  |   |                |                               |              |         |  |
|  |  |  |   |                |                               |              |         |  |
|  |  |  |   |                |                               |              |         |  |
| Code                                       |  | PRIORITY I   | TEMS  |                |                               | Correct by   | Initial |  |
| Reference                                  | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or reduction<br>E IMMEDIATE ACTION within 72 | n to an acceptable level, haza<br>! hours or as stated. | ards associate | d with foodborne illness      | (date)       |         |  |
|  |  |  |   |                |                               |              |         |  |
|  |  |  |   |                |                               |              |         |  |
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|  |  |  |   |                |                               |              |         |  |
|  |  |  |   |                |                               |              |         |  |
| Code<br>Reference                          | Core items relate to general conitation                                      | CORE ITE   | EMS   | ganaral maint  | onana or conitation           | Correct by   | Initial |  |
| Reference                                  | Core items relate to general sanitation standard operating procedures (SSOP  | s). These items are to be correct                                    | eted by the next regular insp                           | pection or as  | stated.                       | (date)       |         |  |
|  |  |  |   |                |                               |              |         |  |
|  |  |  |   |                |                               |              |         |  |
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|  |  |  |   |                |                               |              |         |  |
|  |  |  |   |                |                               |              |         |  |
|  |  | EDUCATION PROV   | IDED OR COMMENTS  |                |                               |              |         |  |
|  |  |  |   |                |                               |              |         |  |
| Person in Charge /Title: Leva Menand Date: |  |  |   |                |                               |              |         |  |
| Inspector: V                               | thyp Pount   |  | Telephone No.   | EPHS No.       | Follow-up:<br>Follow-up Date: | Yes          | No      |  |

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