

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 THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PEI S FOR CORRECTIONS SPECIFIE	RIOD OF TIME AS M	AY BE S	PECI	FIED I	IN WRI	TING BY 1	THE RE	GULAT	ORY AUTHORITY.			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE ESTABLISHMENT NAME: OWNER:			WYT IKEO	OLI	ET IN CESSATION OF TOOK TOOK				011	PERSON IN CHA	ARGE:		
ADDRESS:					ESTABLISHMENT			NUMB	ER:	COUNTY:			
CITY/ZIP:	TY/ZIP: PHONE:				FAX:					P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		LI MMER F.I) _.		GROCE AVERI	ERY STOR	RE		STITUTION MP.FOOD	MOBILE VENDORS		RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Othe							005			
FROZEN DESSER Approved Dis	T approved Not Applicable	SEWAGE DISPOS PUBLI				UPPL` //UNIT				MUNITY	PRIVAT		
License No		PRIVA		ND	INITE		TIONO	Date	Samp	oled	Result	s	
Risk factors are food	preparation practices and employe	RISK FAC						ease C	ontrol a	and Prevention as co	ntributing fac	tors in	
foodborne illness outbr	eaks. Public health interventions	are control measure		ent fo	odbor	ne illne	ss or injur						
Compliance				R	Со	mpliance	9	D		tentially Hazardous		С	OS R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties Employee Health						N/O N/A	·		ing, time and temper			
IN OUT	Management awareness; policy						N/O N/A			ating procedures for ng time and tempera			
IN OUT	Proper use of reporting, restriction	on and exclusion					N/O N/A	Prope	roper hot holding temperatures				
IN OUT N/O	Good Hygienic Proper eating, tasting, drinking of					OUT	N/A N/O N/A			holding temperatures marking and disposit			
IN OUT N/O	No discharge from eyes, nose a						N/O N/A	Time	as a pu	ublic health control (p			
	Preventing Contaminati	on by Hands			II V	001	14/0 14/74	record	ds)	Consumer Advisor	CV.		
IN OUT N/O	Hands clean and properly washe				IN	OUT	UT N/A Consume undercoo			dvisory provided for			
IN OUT N/O	No bare hand contact with ready approved alternate method prop									hly Susceptible Popu	ulations		
IN OUT	Adequate handwashing facilities accessible				IN	IN OUT N/O N/A Pasteu offered				foods used, prohibite	ed foods not		
	Approved Sou									Chemical			
IN OUT	Food obtained from approved so Food received at proper tempera		-			OUT	N/A			es: approved and pro inces properly identif		nd	
IN OUT N/O N/A	1 ood received at proper tempere	ature			IN	OUT		used	Jubsta	inces property identifi	ica, storca a	iiu	
IN OUT	s and migration, care and analysis							Conformance with Approved Procedures Compliance with approved Specialized Process				00	
N OUT N/O N/A Required records available: shellstock tags, parasite destruction Protection from Contamination					IN	IN OUT N/A and HACCP plan				alized Froce	55		
IN OUT N/A Food separated and protected					The letter to the left of each item indicates that item's status at the ti						ne of the		
IN OUT N/A Food-contact surfaces cleaned & sanitized					insp	inspection. IN = in compliance OUT = not in compliance							
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food					N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
			OOD RET										
IN OUT	Good Retail Practices are prevent		ntrol the	introd R	luction	of path	nogens, ch	emicals			foods.	COS	R
	Safe Food and Water eurized eggs used where required		003	К	IIN	001	In-use u	itensils:		er Use of Utensils ly stored		003	K
	r and ice from approved source							, equipr		nd linens: properly st	ored, dried,		
	Food Temperature Cont									ice articles: properly	stored, used		
	uate equipment for temperature co oved thawing methods used	ntrol					Gloves			quipment and Vendi	na		
Thermometers provided and accurate								and nonfood-contact surfaces cleanable, properly ed, constructed, and used					
							ashing facilities: installed, maintained, us			ed, used; test			
Food	properly labeled; original container						Nonfood	d-contac		ces clean			
Insec	Prevention of Food Contami ts, rodents, and animals not presen						Hot and	cold wa		ysical Facilities ailable; adequate pre	Peerire		
Conta	Contamination prevented during food preparant display									oper backflow device			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry							Sewage	e and wastewater properly disposed					
Wipin	g cloths: properly used and stored									y constructed, suppl			
Fruits	and vegetables washed before us	e	+		-					rly disposed; facilities lled, maintained, and			
Person in Charge /	Title: Jim hat					<u>I</u>	, ilysica	. 14611111	Date		. GOUII	1	<u> </u>
Inspector:	Fitte: Jim Not A gayla Bracky			Tel	lepho	ne No	PHE	S No.		ow-up:	Yes		No
punay, O pool	1 Samon Salland.								LOHO	w-up Date:			



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F			
Code		PRIORITY	ITEMS			Correct by	Initial		
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction E IMMEDIATE ACTION within 7	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)			
Code Reference	Core items relate to general conitation	CORE IT	EMS	goneral maint	ononce or conitation	Correct by	Initial		
Reference	Core items relate to general sanitation, standard operating procedures (SSOP	s). These items are to be corre	cted by the next regular insp	pection or as	stated.	(date)			
		EDUCATION PROV	/IDED OR COMMENTS						
Person in Ch	arge /Title:				Date:				
Inspector:	thup Bord jayla Brady		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No		

MO 580-1814 (9-13)