

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	IOD OF TIME AS MA	Y BE SPE	CIFIED I	N WRITI	ING BY T	HE REC	GULA	FORY AUTHORITY. F			
ESTABLISHMENT		IN THIS NOTICE MAY RESULT IN CESSATION OF YO OWNER:			<u>JR FOO</u>		PERATIONS. PERSON IN CHARGE:					
ADDRESS:				ESTABLISHMENT NUMBER:				COUNTY:				
CITY/ZIP:	PHONE:	FAX:	FAX:				P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER			l Mer F.P.						NSTITUTION MOBILE VENDORS EMP.FOOD			RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable PUBL License No. PRIVA			L WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE									
		RISK FACT	FORS AN	D INTEI	RVENT	IONS						
	preparation practices and employee							ontrol a	and Prevention as cont	ributing fac	tors in	
Compliance	eaks. Public health interventions Demonstration of Kno				ne illness mpliance	s or injury	/.	Po	otentially Hazardous Fo	ods	CC	DS R
IN OUT	Person in charge present, demon			IN (JUT N	/0 N/A	Proper		ing, time and temperat			
	and performs duties Employee Heal	th		IN (/0 N/A	Proper	r rehe	ating procedures for h	ot holdina		
IN OUT	Management awareness; policy p	present		IN (JUT N	/O N/A	Proper	r cooli	ng time and temperatu			
IN OUT	Proper use of reporting, restriction Good Hygienic Pra			IN IN		I/O N/A N/A			olding temperatures holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking or				OUT N				marking and dispositio	n		
IN OUT N/O	No discharge from eyes, nose an	d mouth		IN (OUT N	/O N/A	Time a record		ublic health control (pro	ocedures /		
	Preventing Contaminatio	n by Hands							Consumer Advisory			
IN OUT N/O Hands clean and properly washed		d		IN	OUT	N/A			dvisory provided for ra	w or		
IN OUT N/O	No bare hand contact with ready-				undercooke				hly Susceptible Popula	tions		
IN OUT	approved alternate method prope Adequate handwashing facilities				OUT N/O N/A Pasteurized foods used, prohibited foods is				foods not			
accessible		••			OUT N/O N/A offered Chemical						_	
IN OUT	Approved Source OUT Food obtained from approved source			IN	IN OUT N/A Food additives: approved and p					erlv used		
IN OUT N/O N/A	Example a set of a first second set of a second second				IN OUT Toxic		Toxic :	substa	bstances properly identified, stored and			
IN OUT	Food in good condition, safe and unadulterated			Used Conformance with Approved Pr					rocedures			
IN OUT N/O N/A	Required records available: shellstock tags, paras			IN	IN OUT N/A Compliand				ce with approved Specialized Process			
	Protection from Conta	mination						AUUF	pian			
IN OUT N/A	N/A Food separated and protected			The letter to the left of each item indicates that item's status at the time							e of the	
IN OUT N/A	N/A Food-contact surfaces cleaned & sanitized			IN = in compliance OUT = not in compliance								
IN OUT N/O	eviously served,		N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item									
	reconditioned, and unsafe food	GO	OD RETAIL	PRACT		Correcte		le	R=Repeat item			
	Good Retail Practices are preventa					gens, che	emicals,	, and p	hysical objects into for	ods.		
IN OUT	Safe Food and Water	(COS R	IN	OUT				er Use of Utensils		COS	R
	urized eggs used where required r and ice from approved source			_	In-use utensils: properly stored Utensils, equipment and linens: properly stored			ed dried	-			
						handled						
Adequ	ol trol				Single-u Gloves ι			ice articles: properly st	ored, used			
Appro						Uten	sils, E	quipment and Vending				
Therm								ntact surfaces cleanabl , and used	e, properly			
					Warewa	shing fa		: installed, maintained,	used; test			
Food properly labeled; original container				_		strips us Nonfood		t surfa	ces clean		-	
Prevention of Food Contamination								Ph	ysical Facilities			
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage						and cold water available; adequate pressure mbing installed; proper backflow devices					
and display							<u> </u>		•			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Sewage	and wa	stewa	ter properly disposed			
Wiping cloths: properly used and stored						Toilet facilities: properly constructed, supplied, cleaned						
Fruits	Fruits and vegetables washed before use			Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean								
Person in Charge /T	Title:		I					Date			1	1
Inspector:			Гт	elephor	ne No	EPH	S No	Follo	ow-up:	Yes		No
My Drady			'	Follow-up Date:				163				
MO 580-1814 (9-13)	V	DISTRIBUTION: WHITE -	OWNER'S CO	PY	C	ANARY – FI	LE COPY			-		E6.37



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

FOOD ESTABLISHMENT INSPECTION REPORT						PAGE ² of			
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP					
FOOD PRODUCT/LOCATION		TEMP. in ° F	T/ LOCATION		TEMP. i	in ° F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	PRIORITY IT elimination, prevention or reduction	EMS to an acceptable level, hazards	associated wit	h foodborne illness	Correct by (date)	Initial		
	or injury. These items MUST RECEIN	VE IMMEDIATE ACTION within 72 I	hours or as stated.						
							C.b		
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							6		
							C.6		
Code		CORE ITE!	MS			Correct by	Initial		
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or str Ps). These items are to be correct	ructures, equipment design, ger ed by the next regular inspec	neral maintenar tion or as state	nce or sanitation ed.	(date)			
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		EDUCATION PROVID	DED OR COMMENTS						
Person in Ch	narge /Title:			Da	ate:				
Inspector:	Musta Bian.		Telephone No.	PHS No. Fo	llow-up:	Yes	No		
MO 580-1814 (9-13	man + many	DISTRIBUTION: WHITE - OWNER'S COPY	CANARY – FILE COPY		llow-up Date:		E6.37A		



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							C.b	
		EDUCATION PROVID	DED OR COMMENTS					
Person in Ch	arge /Title:				Date:			
Inspector: MO 580-1814 (9-18	Duyla Brades	DISTRIBUTION: WHITE - OWNER'S COPY		F	Follow-up: Follow-up Date:	Yes	No E6.37A	
NIU 280-1814 (9-18	1 4	UISTRIBUTION: WHITE - OWNER'S COPY	GANARY – FILE CC	/F í			E0.37A	

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