

### 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	<b>JUTINE</b>	INSPE		ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REC	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO			
	BLISHN			OWNER:							<i>D</i> 01	PERSON IN CHARGE:			
ADDR	ESS:				ESTABLISHMENT NUMI					NUMBE	R:	COUNTY:			
CITY/2	CITY/ZIP:			PHONE:			FAX	:				P.H. PRIORITY: H	М	L	
B. R	ISHMEN <sup>-</sup> AKERY ESTAUF		C. STORE CATER SCHOOL SENIO		ELI MMER F	F.P.		GROCE AVERN	RY STOR	RE		ISTITUTION MOBILE V	ENDOR	S	
PURPOS P	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er									
_	EN DES		approved Not Applicable	SEWAGE DISPOS PUBL	IC			UPPL\ //UNIT				IMUNITY PRIVATE			
	License	No		PRIVA RISK FAC		AND	INITE	D\/ENI	ZIONS	Duto	- Curr	receive			
Risk fa	ctors ar	e food r	renaration practices and employ							ease Co	ntrol	and Prevention as contributing factor	re in		
foodbor	rne illnes		eaks. Public health intervention	ns are control measur	es to pre	vent f	oodbor	ne illne	ss or injury						
Complia	nce		Demonstration of l		cos	R	1	mpliance		Proper		otentially Hazardous Foods king, time and temperature	СО	S R	
IN O	JT		and performs duties	<u>.</u>					N/O N/A						
IN O	UT		Employee H Management awareness; police				IN IN		N/O N/A			eating procedures for hot holding ing time and temperatures			
IN O			Proper use of reporting, restric	tion and exclusion			_		N/O N/A			holding temperatures			
IN O	JT N/O		Good Hygienic F Proper eating, tasting, drinking					OUT	N/A			holding temperatures marking and disposition			
	UT N/C		No discharge from eyes, nose						<u>N/O N/A</u> N/O N/A			bublic health control (procedures /			
114 01	01 14/0	,	Proventing Contamina	ation by Hands			IIN	001	IN/O IN/A	record	s)	Consumer Advisory	_		
IN O	Preventing Contaminatio  IN OUT N/O Hands clean and properly washed					IN					advisory provided for raw or				
IN OUT N/O No bare hand contact with ready-					undercook			underd		ghly Susceptible Populations					
approved alternate method proper IN OUT Adequate handwashing facilities										I foods used, prohibited foods not					
			accessible Approved So	ource			1			offered	1	Chemical			
IN O	JT		Food obtained from approved	source			IN	OUT	N/A			ves: approved and properly used			
	IN OUT N/O N/A Food received at proper tempera		erature			IN OUT TOXICS				subst	ances properly identified, stored and				
IN O	r ood in good containen, care and										mance with Approved Procedures				
IN O	JT N/C	N/A	Required records available: sh destruction				IN	OUT	N/A	and H		e with approved Specialized Process P plan			
			Protection from Co					1-444	- 41 1-64 -	£   : 1.	:		-646-		
IN O		N/A	Food separated and protected				The letter to the left of each item inspection.			r each ite	em in	dicates that item's status at the time	or the		
IN O	UT	N/A	Food-contact surfaces cleaned				IN = in compliance N/A = not applicable					OUT = not in compliance N/O = not observed			
IN o	UT N/C	)	Proper disposition of returned, reconditioned, and unsafe food				COS=Corrected On Site				e	R=Repeat Item			
					OOD RE	TAIL	PRACT	ΓICES							
IN	OUT		Good Retail Practices are preve Safe Food and Water		ontrol the	e introd R	duction	of path	nogens, ch	emicals,			cos	R	
IIN	001	Paste	urized eggs used where required		003	IX	1111	001	In-use u	itensils: ¡		er Use of Utensils erly stored	003	IX	
		Water	and ice from approved source								ent a	and linens: properly stored, dried,			
			Food Temperature Co						handled Single-u		e-ser	vice articles: properly stored, used		+	
			ate equipment for temperature of							used pro	perly				
$\vdash$			ved thawing methods used cometers provided and accurate						Food an			Equipment and Vending ntact surfaces cleanable, properly		+	
			·						designe	d, consti	ucte	d, and used			
			Food Identification						strips us	sed		s: installed, maintained, used; test			
		Food	oroperly labeled; original contain Prevention of Food Contain				-		Nonfood	d-contact		aces clean nysical Facilities			
			s, rodents, and animals not pres	ent							ter av	vailable; adequate pressure			
		and di		,					Plumbin	ig installe	ed; pi	oper backflow devices			
		Perso	nal cleanliness: clean outer cloth nails and jewelry	ing, hair restraint,					Sewage	and wa	stewa	ater properly disposed			
		Wiping	cloths: properly used and store									rly constructed, supplied, cleaned			
			and vegetables washed before u	use					Garbage	e/refuse	prope	erly disposed; facilities maintained		1	
Perso	n in Ch	arge /T	itle: 1/1/1/21/2				I	l	rnysica	ı ıacııltıe:	Dat	alled, maintained, and clean e:	L	1	
. 5.00	0.11		itle: Shild, San												
Inspec	ctor:	um E	endy Xwd			Te	lepho	ne No.	PHE	S No.		ow-up: Yes ow-up Date:	1	No	



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

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ESTABLISHMEN	TNAME	ADDRESS				CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	ı	FOOD PRODU	JCT/ LOCAT	TON	TEMP. in ° F		
		+							
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or red	RITY ITEMS duction to an accep hin 72 hours or as	otable level, haza s stated.	irds associate	d with foodborne illness	Correct by (date)	Initial	
								95	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOP)	operational controls, facilities	RE ITEMS es or structures, eq corrected by the n	uipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
			•	•				<i>d5</i>	
								<i>\$15</i>	
								<i>9</i> 15	
								d5	
		EDITO: TION	000//055 05 5	ON 40 45 150					
		EDUCATION P	PROVIDED OR C	OMMENTS					
Person in Ch	narge /Title: >///\ ( / O / )	•				Date:			
Inspector:	narge /Title: Shi) Sun			lephone No.	PHES No.	Follow-up:	Yes	No	
MO 580-1814 (9-13)	Jayla Dady	DISTRIBUTION: WHITE - OWNE		CANARY - FILE C		Follow-up Date:		E6.37A	



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

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STABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. ir	ı ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction /E IMMEDIATE ACTION within 7	ITEMS on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items moot receive		Z HOURS OF AS STATEM.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT n, operational controls, facilities or Ps). These items are to be corre	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							<i>\$15</i>	
							95	
							<i>915</i>	
							g15	
		EDUCATION PROV	/IDED OR COMMENTS					
Person in Ch	narge /Title: ארא און און				Date:			
Inspector:	haylor Brady	<b>,</b>	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	



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ESTABLISHMEN <sup>®</sup>	T NAME	ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	TION	TEMP. ir	ı°F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEN	PRIO elimination, prevention or re VE IMMEDIATE ACTION wit	RITY ITEMS duction to an acceptable level, haza hin 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities	RE ITEMS es or structures, equipment design, corrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							<i>9</i> 15	
							d5	
							<i>9</i> 15	
		EDUCATION F	PROVIDED OR COMMENTS					
Person in Ch	narge /Title: ShDW . Boy	<u> </u>			Date:			