

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

TIME IN	TIME OUT
DATE	PAGE 1 of

	SPECTION, OR SUCH SHORTER F MITS FOR CORRECTIONS SPECIF NT NAME:										COMPL	Y
ADDRESS:					ESTABLISHMENT NUMBER: COUNTY:							
CITY/ZIP: PHONE:				FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P.									MOBILE V	ENDOR	S	
PURPOSE Pre-opening	NT SCHOOL SENIC Routine Follow-up		Other_			AVERN			TEMP.FOOD			
FROZEN DESS	ERT	SEWAGE DISPOSA	AL W	'ATE	ER SI	JPPL'	Y	NON O	ON AN ALLIN LITTY	DDIV/ATE		
Approved License No	Disapproved Not Applicable	PUBLIC PRIVA ⁻		C	OIVIIV	IUNIT	Y		OMMUNITY ampled	PRIVATE Results		
2.00.100 110	<u> </u>	RISK FACT	TORS AN	ND I	NTE	RVEN	TIONS					
	ood preparation practices and emplo outbreaks. Public health intervention								rol and Prevention as conti	ributing facto	ors in	
Compliance	Demonstration of		cos	R		npliance		, . 	Potentially Hazardous Fo	ods	CO	S R
IN OUT	Person in charge present, der	monstrates knowledge,			IN (OUT	N/O N/A	Proper c	ooking, time and temperatu	ure		
114 001	and performs duties Employee F	Joalth					N/O N/A	Proper r	reheating procedures for ho	ot holding		
IN OUT	Management awareness; poli						N/O N/A		cooling time and temperatur			
IN OUT	Proper use of reporting, restri	ction and exclusion			IN (N/O N/A	Proper h	ot holding temperatures			
IN OUT N/O	Good Hygienic					OUT	N/A		old holding temperatures late marking and disposition	<u> </u>		
	Proper eating, tasting, drinkin No discharge from eyes, nose						N/O N/A		a public health control (pro		+	-
IN OUT N/O					IN (DUT	N/O N/A	records)				
	Preventing Contamin Hands clean and properly was							Concum	Consumer Advisory er advisory provided for rav	u or		
IN OUT N/O	,				IN	OUT	N/A	underco	oked food			
IN OUT N/O	No bare hand contact with rea approved alternate method pr	operly followed							Highly Susceptible Popula	tions		
IN OUT	Adequate handwashing facilit accessible	ies supplied &			IN (DUT	N/O N/A	Pasteuri: offered	zed foods used, prohibited	foods not		
IN OUT	Approved S					A			Chemical			
IN OUT	Food obtained from approved N/A Food received at proper temp					OUT	N/A		ditives: approved and property identified			
IN OUT N/O	114 001 14/0 14/A				IN OUT used Conformance with Approved Procedu			'				
IN OUT N/O	Required records available: s				IN	OUT	N/A	Complia	nce with approved Speciali			
331 103	destruction Protection from Co	ontamination						and HAC	CCP plan			
IN OUT	N/A Food separated and protected				The	letter to	o the left o	f each item	n indicates that item's statu	s at the time	of the	
	V/A Food-contact surfaces cleane	d & sanitized			insp	ection.			OUT			
IN OUT N/O	Proper disposition of returned	, previously served,				N/A	in complia not appl	licable	OUT = not in complian N/O = not observed	ce		
001 14/0	reconditioned, and unsafe foo		OD DETA	II D			S=Correcte	ed On Site	R=Repeat Item			
	Good Retail Practices are prev		OD RETA				nogens ch	emicals a	nd physical phiects into foc	nde		
IN OUT	Safe Food and Wa			2	IN	OUT	logens, cri		roper Use of Utensils	Jus.	COS	R
	asteurized eggs used where require							itensils: pro	operly stored			
V	Vater and ice from approved source						Utensils		nt and linens: properly store	ed, dried,		
	Food Temperature Co	ontrol							service articles: properly st	ored, used		
	dequate equipment for temperature							used prope	erly			
	pproved thawing methods used hermometers provided and accurate						Food on		s, Equipment and Vending -contact surfaces cleanable			
1	nermometers provided and accurate	,					designe	d, construc	cted, and used			
	Food Identificatio	n					Warewa strips us		ities: installed, maintained,	used; test		
F	ood properly labeled; original contai						Nonfood	d-contact s	urfaces clean			
Ir	Prevention of Food Conta nsects, rodents, and animals not pre-						Hot and	l cold water	Physical Facilities ravailable; adequate press	ture		
C	contamination prevented during food and display								; proper backflow devices	oui G		
P	rersonal cleanliness: clean outer clot ngernails and jewelry	hing, hair restraint,					Sewage	and waste	ewater properly disposed			
V	liping cloths: properly used and stor								perly constructed, supplied			
F	ruits and vegetables washed before	use							operly disposed; facilities n			1 _
Person in Charg	je/Title: Don Well						Pnysica		nstalled, maintained, and c Date:	aean	<u> </u>	1
Inenactor:	11 141	<i>P</i>	1	Tal	anha	ne No.	EDIT	IS No. F	follow up:	Voc		do
mspecioi M.	le /Title: Don Webb	Stady		1 616	chilol	IC 110.	EPH		Follow-up: Follow-up Date:	Yes	r	Мо

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII	.		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. i	n ° 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	on to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial
							D.W
							D.W
							D.W
Code		CORE IT	EMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or	structures, equipment design,	general maint	enance or sanitation stated.	(date)	
							D.W
							12.00
							D.W
							D.W
		EDUCATION PROV	/IDED OR COMMENTS				
Person in Ch	narge /Title: (, , , , , , , , , , , , , , , , , ,				Date:		
Inanastari	Dan weng	2, ,	Telephone No.	EPHS No.	Follow-up:	Yes	No
moreow.	lanis / Tomas Jaylor F.	raay	releptione No.		Follow-up Date:	103	140

MO 580-1814 (9-13)



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

PAGE 3 of

ESTABLISHMENT NAME		ADDRESS			CITY/ZII	P		
FOOD PROD	UCT/LOCATION	TEMP. in ° F		FOOD PRODU	TON	TEMP. ir	n°F	
Code Reference Priority iter or injury. T	ms contribute directly	to the elimination, prevention ECEIVE IMMEDIATE ACTION	PRIORITY ITEMS or reduction to an ac N within 72 hours o	cceptable level, haza r as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial
Code Reference Core items standard of	relate to general sa	nitation, operational controls, for (SSOPs). These items are to	CORE ITEMS acilities or structures be corrected by the	, equipment design,	general maint	tenance or sanitation	Correct by (date)	Initial
								D.W
								D.W
								D.W
								D.W
		EDUCATIO	N PROVIDED O	R COMMENTS				
Person in Charge /Title	Don We					Date:		
Inspector: Manie	111	Jayka Brady		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No



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

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4 PAGE of

ESTABLISHMENT NAME ADDRESS		ADDRESS	CITY/ZIP				
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	or injury. These items into a RECEIV						
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
							D.W
							D.W
							D.W
							D.W
		EDUCATION PROV	VIDED OR COMMENTS				
Person in Ch	arge /Title:	<i>'</i>			Date:		
	Dan beene	o Baady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No

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PAGE 5 of

ESTABLISHMEN [®]	T NAME	ADDRESS		CITY/ZIF)		
FO	FOOD PRODUCT/LOCATION TEM		FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORIT elimination, prevention or reduc	Y ITEMS tion to an acceptable level, haza	rds associate	d with foodborne illness	Correct by (date)	Initial
	or injury. These items MUST RECEIV	/E IMMEDIATE ACTION within	72 hours or as stated.				
0.1						0 11	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE n, operational controls, facilities of the core s). These items are to be core	or structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
			<u> </u>				D.W
							D.W
							D.W
							D.W
							D.n
		FDUOLETICAL	WIDED OF COMPTENTS				
		EDUCATION PRO	OVIDED OR COMMENTS				
Person in Ch	arge /Title: Don Webb				Date:		
Inspector:	Marie I Tomas Jaylo	Brady	Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	many /	DIŠTRIBI ITION: WHITE - OWNER'S	COPY CANARY - FILE CO) DV	Follow-up Date:		F6 37∆