

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPE	ECIFIED I	N WRIT	ING BY T	HE REG	ULATORY AUTHORITY.			
ESTABLISHMENT	OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:					PERSON IN CHARGE:				
ADDRESS:						NUMBE	R: COUNTY:	COUNTY:			
CITY/ZIP:	PHONE:	FAX:	FAX:			P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMME			l Mer F.P.	GROCERY STORE INSTITUTION MOBILE VEN F.P. TAVERN TEMP.FOOD							RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disapproved Not Applicable PUBLIC License No. PRIVATE			;	WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results							
License No		RISK FACT		ID INTEI	RVENT	IONS					
	preparation practices and employed							ntrol and Prevention as cor	ntributing fact	ors in	-
foodborne illness outbr Compliance	eaks. Public health interventions Demonstration of Kn		COS		ne illnes: mpliance	s or injury		Potentially Hazardous F	Foods	CC	DS F
IN OUT	Person in charge present, demor	<u> </u>		IN OUT N/O N			Broper eacking, time and temperature				
	and performs duties Employee Hea	llth		IN (		/0 N/A					+
IN OUT	Management awareness; policy	present		IN (	N TUC	/O N/A	Proper				
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT N</u> OUT	I/O N/A N/A	Proper				
IN OUT N/O	Proper eating, tasting, drinking o	r tobacco use			OUT N		N/A Proper date marking and disposition				
IN OUT N/O	No discharge from eyes, nose ar	nd mouth		IN (	OUT N	/O N/A	Time as records	as a public health control (procedures /			
	Preventing Contamination						Conour	Consumer Advisory			
IN OUT N/O	Hands clean and properly washe	d		IN	OUT	undercooke		ooked food			
IN OUT N/O	No bare hand contact with ready approved alternate method prope				Hi			Highly Susceptible Popu	ighly Susceptible Populations		
IN OUT	Adequate handwashing facilities			IN (					ed foods used, prohibited foods not		
	accessible Approved Sour	rce					offered	Chemical			
IN OUT Food obtained from approved source		urce		IN	OUT	N/A		dditives: approved and pro	ives: approved and properly used		
IN OUT N/O N/A Food received at proper temperature		ature		IN	OUT		Toxic s used	ubstances properly identifi	stances properly identified, stored and		
IN OUT							Co	nformance with Approved I			
IN OUT N/O N/A	IN OUT N/O N/A Required records available: shellstock tags, parasite destruction			IN	OUT	N/A		ance with approved Specia ACCP plan	alized Proces	s	
	Protection from Conta	amination									
	IN OUT N/A Food separated and protected			The letter to the left of each item indicates that item's status at the time of the inspection.							
IN OUT N/A Food-contact surfaces cleaned & sanitized				_		n complia not appli		OUT = not in complia N/O = not observed	ance		
IN OUT N/O	IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food					=Correcte					
			OD RETA								
IN OUT	Good Retail Practices are prevent Safe Food and Water		COS F		OUT	ogens, che		and physical objects into to Proper Use of Utensils	oods.	COS	R
	urized eggs used where required						tensils: p	roperly stored			
Water	r and ice from approved source					Utensils, handled	equipm	ent and linens: properly sto	ored, dried,		
	Food Temperature Contr					Single-u		-service articles: properly	stored, used		
	uate equipment for temperature con oved thawing methods used	ntrol				Gloves u		perly sils, Equipment and Vendin	a		
	nometers provided and accurate						d nonfoo	d-contact surfaces cleanal			
	Food Identification			_				ucted, and used cilities: installed, maintained	d. used: test		
					strips us	ed		,			
Food properly labeled; original container Prevention of Food Contamination						Nontood	pod-contact surfaces clean Physical Facilities				-
	Insects, rodents, and animals not present							er available; adequate pres			
Contamination prevented during food preparation, stora and display						Plumbing	g installe	d; proper backflow devices	3		
Personal cleanliness: clean outer clothing, hair restraint,					Sewage and wastewater properly disposed						
fingernails and jewelry Wiping cloths: properly used and stored						Toilet fac	ilet facilities: properly constructed, supplied, cleaned				
	and vegetables washed before us		Garbage/refuse properly disposed; facilities maintaine			maintained					
Person in Charge /1	Title:			1		rnysical		installed, maintained, and Date:	ciean	1	
	yon with	1-				-					
Inspector Milani	1 Jomes Lattin Pean	<u></u>		Telepho	ne No.	EPH		Follow-up: Follow-up Date:	Yes		No
MO 580-1814 (9-13)	-	DISTRIBUTION: WHITE -	OWNER'S CO	OPY	(	CANARY - FIL					E6.37



	OOD ESTABLISHMENT IN	ISPECTION REPORT			PAGE <sup>2</sup> of		
ESTABLISHMENT NAME ADDRESS CITY /ZIP							
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	ON	N TEMP. i		
Code		PRIORITY I	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an acceptable level, haza hours or as stated.	rds associated	with foodborne illness	(date)	
							٥w
							sw
							s w
							ow
							2
0.1							1.010.01
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE n, operational controls, facilities or s Ps). These items are to be correc	tructures, equipment design, g	general mainte ection or as s	enance or sanitation	Correct by (date)	Initial
		,					ow
							ØW
							o w
							٥w
							0 W
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:				Date:		
Inspector:	N. II - VAtion	Rent	Telephone No.	EPHS No.	Follow-up:	Yes	No
		DISTRIBUTION: WHITE - OWNER'S COF	-	OPY	Follow-up Date:		E6.37A



Filler Filler	FOOD ESTABLISHMENT INSPECTION REPORT						
ESTABLISHMENT NAME ADDRESS				CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LO		NC	TEMP. in ° F	
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction <b>E IMMEDIATE ACTION within 72</b>	to an acceptable level, haza hours or as stated.	ards associated	with foodborne illness	(date)	
Code Reference	Core items relate to general sanitatior	CORE ITE	MS	general mainter	ance or capitation	Correct by (date)	Initial
Relefence	standard operating procedures (SSOF	b) These items are to be correct	red by the next regular insp	pection or as st	tated.	(uale)	
							٥w
							aw
							٥w
							ow
							sw
							DW
							ow
							٥w
			DED OR COMMENTS				2
			DED ON COMINIENTS				
Dan 1 Ci					Deter		
Person in Ch	J Son L	who	<b>I</b> me • • • • •		Date:		<u>.</u>
Inspector	Milanie Fromas Katitin	Pans	Telephone No.		Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)	/	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C	OPY			E6.37A



	OOD ESTABLISHMENT II	NSPECTION REPORT			PAGE <sup>4</sup> of		
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ I				۱°F
Code		PRIORITY II	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazar hours or as stated.	rds associated w	vith foodborne illness	(date)	
Code Reference	Core items relate to general sanitatio	CORE ITE	MS	reneral mainten	ance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSO	Ps). These items are to be correct	ed by the next regular inspo	ection or as sta	ated.	(0010)	<b>A</b> 11 <b>(</b>
							QW
							s w
							\$ V
							ØW
							QW
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:			r	Date:		
Inspector	Man La Van La		Telephone No.		Follow-up:	Yes	No
MO 580-1814 (9-13)	www.f	DISTRIBUTION: WHITE - OWNER'S COP		F	Follow-up Date:		E6.37A