

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

TIME IN	TIME OUT						
DATE	PAGE 1 of						

WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESU						T IN CESSATION OF YOUR FOOD OPERATION					ERATIONS.	ATIONS.		
ESTABLISHMENT NAME: OWNER:											PERSON IN CHARGE:			
ADDRESS:						ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP:			PHONE:			FAX:					P.H. PRIORITY :	Н	М	L
ESTABLISHMENT BAKERY	TYPE	C. STORE CATE	RER DE	LI		(GROCE	RY STOR	RE	IN	STITUTION	MOBILE VI	ENDOR!	S
RESTAURANT SCHOOL SENIOR CENTER SUMMER PURPOSE			MMER F.I											
Pre-openin	g	Routine Follow-up	Complaint	Othe	r									
FROZEN DESSERT SEWAGE DISPOSAL						ATER SUPPLY				COM	MILINITY			
			PUBLI PRIVA		''''			NON-COMMUNITY PRIVATE Date Sampled Results						
License	No		RISK FAC		AND	INTFI	RVFN	TIONS						
Risk factors are	food p	reparation practices and emplo							ease Co	ontrol	and Prevention as contri	ibuting facto	ors in	
	outbre	eaks. Public health intervention		s to prev	ent fo	foodborne illness or injury.								S R
Compliance		Demonstration of Person in charge present, der	<u> </u>	COS	R	Drana					Potentially Hazardous Foods ooking, time and temperature			S R
IN OUT		and performs duties						N/O N/A	·					
IN OUT		Employee H				IN (eating procedures for ho			
IN OUT		Management awareness; poli Proper use of reporting, restri				IN (ng time and temperature nolding temperatures	28	-	
		Good Hygienic	Practices			IN	OUT	N/A	Prope	r cold	holding temperatures			
IN OUT N/O		Proper eating, tasting, drinking No discharge from eyes, nose						N/O N/A			marking and disposition ublic health control (proc		_	
IN OUT N/O		No discharge from eyes, nose	and modif			IN (OUT	N/O N/A records)			Jubiic Health Control (procedures /			
		Preventing Contamin	ation by Hands						Conci	ımor c	Consumer Advisory advisory provided for raw	ı or		
IN OUT N/O	O Hands clean and properly washed					IN	OUT	N/A		cooke	d food			
IN OUT N/O	No bare hand contact with ready-to-eat approved alternate method properly follows:									Hig	Highly Susceptible Populations			
Adequate handwashing facilities					IN OUT N/O N/A		Paster	asteurized foods used, prohibited foods not						
accessible Approved Source		ource				ollere		Ollered	u	Chemical			-	
IN OUT. Food obtained from approved sou					IN	OUT				tives: approved and properly used				
IN OUT N/O N/A Food received at proper temperature					used		used		stances properly identified, stored and					
Food in good condition, safe and unadulte Required records available: shellstock tag:						Complian				nance with Approved Prowith approved Specialize				
IN OUT N/O N/A destruction					IN	OUT	N/A and HACCP plan				\bot			
IN OUT	Protection from Contamination NIT NIA Food separated and protected					The letter to the left of each item indicates that item's status at the tim						at the time	of the	
	Food contest surfaces also and 0 continued				inspection.				CIII III			OI THE		
Described for the second					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed									
reconditioned, and unsafe food						COS=Corrected On Site R=Repeat Item								
		Oard Datail Destines are seen		OOD RET					!		ahariaal ahiaata inta faa	-l-		
IN OUT		Good Retail Practices are previous Safe Food and Wa		COS	Introd R	IN	OUT	logens, ch	emicais,		er Use of Utensils	as.	cos	R
		urized eggs used where require								prope	rly stored			
	Water	and ice from approved source						Utensils handled		nent a	nd linens: properly store	ed, dried,		
		Food Temperature Co									vice articles: properly sto	red, used		
		ate equipment for temperature ved thawing methods used	control	Gloves use					quipment and Vending		_	-		
	Thermometers provided and accurate								Food and nonfood-contact surfaces cleanable,		, properly			
	Food Identification		n					designed, constructed Warewashing facilities			l, and used s: installed, maintained, i	used; test		
	Food properly labeled; original container		ner					strips used Nonfood-contact surfa			aces clean			
	Prevention of Food Contamination								Physical Facilities					
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage					_		and cold water available; adequate pressure mbing installed; proper backflow devices			ure	<u> </u>	<u> </u>	
	Contamination prevented during food preparation, storage and display						_	FIUITIDIN	ig iristalli	eu, pr	oper backnow devices			
	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			-	-	_	Sewage	Sewage and wastewater properly disposed						
	Wiping	g cloths: properly used and store									ly constructed, supplied		<u> </u>	
	Fruits and vegetables washed before use			Garbage/refuse properly disposed; facilities maintaine Physical facilities installed, maintained, and clean				 	1					
Person in Charge /Title: Inspector: Telephone No. EPHS No. Follow-up: Yes No Follow-up Date:										•				
Inspector:		m. 121			Tel	ephoi	ne No.	EPH	S No.	Follo	ow-up:	Yes		No.
Many Til						-				ow-up Date:				

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

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY /ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIOR elimination, prevention or redu E IMMEDIATE ACTION with	ITY ITEMS uction to an acceptable level, haza in 72 hours or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial		
	or injury. These items must receiv	E IMMEDIATE ACTION WITH	in /2 nours or as stated.						
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities	E ITEMS s or structures, equipment design, prrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial		
							RX		
							Risa		
							RES		
							Rix		
							Rtsa		
		EDUCATION PR	ROVIDED OR COMMENTS						
Person in Ch	arge /Title: Rando 1	~M_			Date:				
Inspector:	Mlimital		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		