

TIME IN TIME OUT
DATE PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PE S FOR CORRECTIONS SPECIFIE	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE REC	GULAT	ORY AUTHORITY.			
ESTABLISHMENT		OWNER:	AT RESULT		5541101	N OF YOU	JKFUU		PERSON IN CHA	ARGE:		
ADDRESS:		- L		EST	ABLISH	IMENT I	NUMBE	ER:	COUNTY:			
CITY/ZIP:		PHONE:		FAX					P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT PURPOSE	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCEF AVERN	RY STOR	E		TITUTION IP.FOOD	MOBILE	VENDO	RS
PorPose Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Dis License No.	F approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVAT			UPPLY IUNITY				IUNITY led	PRIVAT Result		
		RISK FACT	TORS AND	D INTE	RVENT	IONS						
	preparation practices and employe eaks. Public health interventions							ontrol a	nd Prevention as co	ntributing fa	ctors in	
Compliance	Demonstration of Kr	nowledge			mpliance	o or injury	•	Pot	entially Hazardous	Foods	С	OS R
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN (	л тис	I/O N/A	Proper	r cookir	ng, time and temper	ature		
IN -	Employee Hea			IN (		I/O N/A			ating procedures for			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction			IN (		I/O N/A			g time and temperation of the second se	tures		
	Good Hygienic Pr	actices		IN	OUT	N/A	Proper	r cold h	olding temperatures			
IN OUT N/O	Proper eating, tasting, drinking of No discharge from eyes, nose a					N/O N/A			narking and disposit blic health control (p			
IN OUT N/O				IN	OUT N	I/O N/A	record					
IN OUT N/O	Preventing Contaminati Hands clean and properly wash			IN	OUT	N/A		imer ad	Consumer Advisor			
IN OUT N/O	No bare hand contact with ready approved alternate method prop						Highly Susceptible Populations					
IN OUT	Adequate handwashing facilities accessible			IN (	OUT N	I/O N/A	Pasteurized foods used, prohibited foods not offered					
	Approved Sou								Chemical			
IN OUT	Food obtained from approved so Food received at proper temperative					N/A	A Food additives: approved and properly used Toxic substances properly identified, stored and			nd		
IN OUT N/O N/A				IN	OUT		used			ina		
IN OUT	Food in good condition, safe and Required records available: she								ance with Approved vith approved Speci		\$5	
IN OUT N/O N/A	destruction	0 / 1		IN	OUT	N/A		ACCP				
IN OUT N/A	Protection from Cont Food separated and protected	amination		The	letter to	the left of	f each ite	em indi	cates that item's sta	atus at the tir	ne of the	
IN OUT N/A	Food-contact surfaces cleaned a	& sanitized		-	ection.							
	Proper disposition of returned, p	reviously served.		_		in complia = not appli			OUT = not in complian N/O = not observed	ance		
IN OUT N/O	reconditioned, and unsafe food					=Correcte	d On Sit	te l	R=Repeat Item			
	Good Retail Practices are preven		OD RETAIL			ogens ch	emicals	and pr	uvsical objects into f	foods		
IN OUT	Safe Food and Water		COS R	IN	OUT	sgene, en			Use of Utensils	0000.	COS	6 R
	urized eggs used where required r and ice from approved source					In-use u			y stored d linens: properly st	ored dried		
vvaler						handled			,	, ,		
	Food Temperature Cont uate equipment for temperature co			+		Single-u Gloves ι			ce articles: properly	stored, used		
	oved thawing methods used					0107631			uipment and Vendir	ng		
Thern	nometers provided and accurate								act surfaces cleana	ble, properly	'	
	Food Identification			1			shing fa		and used installed, maintaine	d, used; tes	t 🗌	
Food	properly labeled; original containe								es clean			
Insect	Prevention of Food Contam ts, rodents, and animals not present					Hot and	Physical Facilities Hot and cold water available; adequate pressure					
	amination prevented during food pr								per backflow device			
	isplay nal cleanliness: clean outer clothir	ng hair restraint				Sewage	and way	stewate	er properly disposed	1	_	
finger	nails and jewelry											
	g cloths: properly used and stored and vegetables washed before us			_					<ul> <li>constructed, supplied y disposed; facilities</li> </ul>			_
	•								led, maintained, and			
Person in Charge /1	Title: Mth h							Date:				
Inspector:	Title: ML 46 Mhinie FL:L		T	elepho	ne No.	EPH		Follo	w-up: w-up Date:	Yes		No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COF	Pγ	C	CANARY – FI			n-up Dale.			E6.37



N BEETEN		SPECTION REPORT	PAGE 2				
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIF	2		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	٦°F
Code Reference	Priority items contribute directly to the	PRIORITY IT	EMS	rde associated	d with foodborne illness	Correct by (date)	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	VE IMMEDIATE ACTION within 72	hours or as stated.			(uale)	
							Mh
Code		CORE ITE	MS		_	Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or st	ructures, equipment design,	general mainte ection or as	enance or sanitation stated.	(date)	
							Mh
							Mh
							Mh
							20101
							Mh
							Mh
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	narge /Title:	_			Date:		
Inspector:	MAG		Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Milanie f Lill	DISTRIBUTION: WHITE - OWNER'S COP		OPY	Follow-up Date:		E6.37A



	FOOD ESTABLISHMENT INSPECTION REPORT				PAGE <sup>3</sup> of			
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCATIO	N	TEMP. ir	n°F	
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Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE ITE , operational controls, facilities or st s). These items are to be correct	ructures, equipment design,	general mainter	nance or sanitation	Correct by (date)	Initial	
							Мh	
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							Мh	
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		EDUCATION PROVI	DED OR COMMENTS					
Person in Ch	narge /Title: Mtc L	6			Date:			
Inspector:	marge /Title: MKL	<u> </u>	Telephone No.		Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C				E6.37A	



MECCY				PAGE <sup>4</sup> of				
ESTABLISHMEN	Γ NAME	ADDRESS		CITY/ZIP				
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	T/ LOCAT	ION	TEMP. ir	۱°F	
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Code Reference	Core items relate to general sanitation	CORE ITEM	<b>//S</b> ructures, equipment design, ge	eneral mainte	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOF	Ps) These items are to be corrected	ed by the next regular inspe	ction or as s	stated.	. ,		
		EDUCATION PROVID	DED OR COMMENTS					
				-				
Person in Ch	arge /Title:				Date:			
Inspector:			Telephone No.	EPHS No.	Follow-up:	Yes	No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COPY	CANARY – FILE COP	РҮ	Follow-up Date:		E6.37A	



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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF	,		
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ON	TEMP. ir	۱°F
Code		PRIORITY IT	TEMS	_		Correct by	Initial
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Inspector:			Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF	)			
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	ION	TEMP. ir	۱°F	
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Person in Ch	arge /Title:				Date:			
Inspector:			Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
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	FOOD ESTABLISHMENT INSPECTION REPORT				PAGE <sup>7</sup> of			
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Person in Ch	arge /Title:				Date:			
Inspector:			Telephone No.	EPHS No.	Follow-up:	Yes	No	
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Relefence	standard operating procedures (SSO	Ps). These items are to be corrected	ed by the next regular inspec	tion or as s	tated.	(date)		
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Inspector:			Telephone No. E	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
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MECCEN	FOOD ESTABLISHMENT INSPECTION REPORT			PAGE <sup>10</sup> of				
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