

## 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	ROUTIN	IE INSPE	CTION, OR SUCH SHORTER	R PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REGUL	CILITIES WHICH MUST BE CORRECT ATORY AUTHORITY. FAILURE TO		
ESTABLISHMENT NAME:			OWNER:	O IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOR OWNER:					OKTOOD O	PERSON IN CHARGE:			
ADDRESS:			l	ESTABLISHMENT NU			SHMENT	NUMBER:	COUNTY:				
CITY/ZIP:			PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L	
	BAKER	NT TYPE Y URANT			DELI GROCERY STORE UMMER F.P. TAVERN					NSTITUTION MOBILE V EMP.FOOD	ENDOR	.S	
PURP	OSE Pre-ope	ening	Routine Follow-	up Complaint	Oth	er							
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPO					NON-COMMUNITY PRIVATE					
	Licen	se No		PRIV						Date Sar	mpled Results		
				RISK FA									
			preparation practices and empreaks. <b>Public health interven</b>								ol and Prevention as contributing factor	ors in	
Comp		.000 0415.	Demonstration		COS			mplianc			Potentially Hazardous Foods	CO	S R
IN	OUT		Person in charge present, o	lemonstrates knowledge,			IN	OUT	N/O N/A	Proper cod	oking, time and temperature		
			and performs duties Employee	e Health		-	IN	OUT	N/O N/A	Proper rel	heating procedures for hot holding		
	OUT		Management awareness; p	olicy present					N/O N/A	Proper cod	oling time and temperatures		
IN	OUT		Proper use of reporting, res Good Hygien						N/O N/A N/A		holding temperatures d holding temperatures		
IN	OUT N	/O	Proper eating, tasting, drink					OUT	N/O N/A		te marking and disposition		
IN	OUT N	I/O	No discharge from eyes, no					OUT		Time as a	public health control (procedures /		
			Preventing Contam	ination by Hands		-	+		100 1071	records)	Consumer Advisory		
IN	OUT N	/0	Hands clean and properly v				INI	OUT	N/A	Consumer	advisory provided for raw or		
	001 11		No hare hand contact with	and to not foods or	_		111	001	11//	undercook	led food lighly Susceptible Populations		
IN	IN OUT N/O  No bare hand contact with ready approved alternate method prop						i ligit		П	ignly Susceptible Populations			
IN	Adamsta handurashing facilities		ilities supplied &			IN	OUT	N/O N/A	Pasteurize offered	ed foods used, prohibited foods not			
IN	OUT		Approved			_	INI	OUT	N/A	Eggd addit	Chemical tives: approved and properly used		_
	Food received at prepar temporatu					IN OUT To:			stances properly identified, stored and	t			
IN	. coa in good condition, care and								Conformance with Approved Procedures				
IN	OUT N	N/O N/A	Required records available: destruction Protection from		•		IN	OUT	N/A	and HACC	ce with approved Specialized Process CP plan	5	
IN '	OUT	N/A	Food separated and protect			-	The	letter t	o the left o	of each item i	ndicates that item's status at the time	of the	
			Food-contact surfaces clea			-	inspection.						
IN	OUT	N/A	Proper disposition of return		d				in compliant in the incompliant		OUT = not in compliance N/O = not observed		
IN	OUT N	I/O	reconditioned, and unsafe f				COS=Corrected						
					OOD RE	TAIL	PRACT	TICES					
INI	OUT		Good Retail Practices are pro				_	of pati	hogens, ch			COS	T D
IN	001		Safe Food and V eurized eggs used where requ		cos	R	IN	001	In-use i	tensils: prop	per Use of Utensils erly stored	COS	R
			r and ice from approved source						Utensils	, equipment	and linens: properly stored, dried,		
			Food Temperature	Control			-		handled		rvice articles: properly stored, used		
	+	Adeq	uate equipment for temperatu	re control						used properl			
		Appro	oved thawing methods used								Equipment and Vending		
		Therr	nometers provided and accura	ate							ontact surfaces cleanable, properly ed, and used		
			Food Identificat	ion							es: installed, maintained, used; test		
	_	Faa-	properly laboled; arising!	ninor			-		strips us		faces along		
	+	F000	properly labeled; original conf Prevention of Food Con				+		INUITOO	d-contact sur F	Taces clean Physical Facilities		
			ts, rodents, and animals not p	resent						cold water a	available; adequate pressure		
			amination prevented during for	od preparation, storage					Plumbir	ng installed; p	proper backflow devices		
and display  Personal cleanliness: clean outer clothing, ha		lothing, hair restraint,			1		Sewage	and wastew	vater properly disposed		†		
	_	finge	nails and jewelry				-		Tall-4.0	oilitica:	orly constructed assembled decrees		
-	+		ig cloths: properly used and st and vegetables washed befo				+				erly constructed, supplied, cleaned perly disposed; facilities maintained		
			201								stalled, maintained, and clean		
Pers	son in C	Charge /	Title: TRITATA							Da	te:		
Inon	octor:		<u> </u>			Ta	elepho	ne Na	EDI	IS No. Fo	llow-up: Yes		No
шъρ	ECIOI. Katıl	um) Pa	coul Jaylor Brady			1,6	vehilo	HE INO	.   668		llow-up. res llow-up Date:	ľ	NO



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O	OD	<b>ESTABL</b>	ISHMENT	INSPECTION	REPORT
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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	/ LOCATION		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	ards associate	d with foodborne illness	Correct by (date)	Initial
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0-1-		CORF	EMO.			O	1-:4:-1
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT s, operational controls, facilities or cs). These items are to be corre	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
							K
							R
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							K
		EDUCATION PROV	/IDED OR COMMENTS				
Person in Ch	arge /Title:	9 .			Date:		
Inspector:	Inspector: Telephone No.   EPHS No.   Follow-up: Follow-up Date:			Yes	No		
Kattil	yn recent junjuc i raing				Follow-up Date:		

MO 580-1814 (9-13)



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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP		
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/		/ LOCATION		ı°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reductive IMMEDIATE ACTION within 7	ITEMS on to an acceptable level, haza 72 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT s, operational controls, facilities or s). These items are to be corre	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
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							<i>1</i> 0
							R
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							$\mathcal{K}$
		EDUCATION PROV	VIDED OR COMMENTS				
Person in Charge /Title: Date:							
Inspector:	yn Pecout Apylor Brady		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No