

MO 580-1814 (9-13)

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 I	ROUTINE	E INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REG	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO		
	ABLISH		FOR CORRECTIONS SPECIFIAME:	OWNER:	WATRE	SULI	IN CE	55ATI	JN OF YO	<u>UR FOO</u>	D OF	PERSON IN CHARGE:		
ADD	RESS:			,			EST	ABLIS	SHMENT	NUMBE	R:	COUNTY:		
CITY	//ZIP:			PHONE:			FAX	:				P.H. PRIORITY : H	М	L
	BLISHMEN BAKERY RESTAL	•	C. STORE CATER SCHOOL SENIO		LI MMER F	F.P.		GROCE AVERI	ERY STOF	RE		STITUTION MOBILE V MP.FOOD	ENDOR	.S
PURP	OSE Pre-oper	ning	Routine Follow-up	Complaint	Oth	ner								
	ZEN DE		approved Not Applicable	SEWAGE DISPOS				UPPL //UNIT				MUNITY PRIVATE		
	Licens	e No		PRIVA	ATE					Date	Sam	pled Results		
				RISK FAC										
			oreparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing factor	ors in	
Compl			Demonstration of		COS			mplianc			Р	otentially Hazardous Foods	CO	S R
IN (OUT		Person in charge present, der and performs duties	monstrates knowledge,			IN	OUT	N/O N/A	Proper	cool	king, time and temperature		
			Employee F	lealth			IN	OUT	N/O N/A	Proper	reh	eating procedures for hot holding		
	OUT		Management awareness; poli	cy present			_		N/O N/A			ing time and temperatures		
IN (OUT		Proper use of reporting, restriction Good Hygienic					OUT OUT	N/O N/A N/A			nolding temperatures holding temperatures		
IN (OUT N/)	Proper eating, tasting, drinking	g or tobacco use					N/O N/A	Proper	date	marking and disposition		
IN (OUT N/	0	No discharge from eyes, nose	and mouth			IN	OUT	N/O N/A			ublic health control (procedures /		
			Preventing Contamin							records) Consumer Advisory				
IN (OUT N/)	Hands clean and properly was	shed			IN	OUT	N/A	N/A Consumer advisory provided for raw or undercooked food				
IN (OUT N/	<u> </u>	No bare hand contact with rea							Highly Susceptible Populations				
			approved alternate method pr Adequate handwashing faciliti				+			Pasteurized foods used, prohibited foods not				
IN (OUT		accessible				IN	OUT	N/O N/A	offered				
IN (OUT		Approved S Food obtained from approved				INI	OUT	N/A	Chemical A Food additives: approved and properly used				
	OUT N	O N/A	Food received at proper temp				1	OUT	IN/A	Toxic substances properly identified, stored and used		I		
IN (OUT		Food in good condition, safe a									nance with Approved Procedures		
IN (N TUC	O N/A	Required records available: sl destruction	nelistock tags, parasite			IN	OUT	N/A	and HA		with approved Specialized Process Pplan	i	
			Protection from Co											
IN (TUC	N/A	Food separated and protected					letter tection.		t each ite	em in	dicates that item's status at the time	of the	
IN (OUT	N/A	Food-contact surfaces cleane					IN =	in complia			OUT = not in compliance		
IN	OUT N/	0	Proper disposition of returned reconditioned, and unsafe foo						. = not app S=Correcte		e	N/O = not observed R=Repeat Item		
					OOD RE									
IN	OUT		Good Retail Practices are prevenues Safe Food and Wa		ontrol the	e intro	duction	of pati	hogens, ch			physical objects into foods. er Use of Utensils	cos	R
- 114	001	Paste	urized eggs used where require		000	ix.		001	In-use u			rly stored	000	11
		Water	and ice from approved source						Utensils		ent a	nd linens: properly stored, dried,		
			Food Temperature Co	ontrol							e-ser	vice articles: properly stored, used		
			ate equipment for temperature	control						used pro	perly			
			ved thawing methods used nometers provided and accurate	1					Food ar			Equipment and Vending ntact surfaces cleanable, properly		
			·						designe	d, constr	ucted	d, and used		
			Food Identification	n					Warewa strips us	-	cilitie	s: installed, maintained, used; test		
		Food	properly labeled; original contain									aces clean		
		Insect	Prevention of Food Conta s, rodents, and animals not pres				+		Hot and	Cold wat		ysical Facilities railable; adequate pressure		
	+		mination prevented during food				1					oper backflow devices		
	-	and di	splay nal cleanliness: clean outer clot	hing hair restraint		-	+		Sawaca	and wo	steve	ater properly disposed		-
		finger	nails and jewelry											
-	+		g cloths: properly used and store and vegetables washed before			-	+		Toilet fa	cilities: p	rope	rly constructed, supplied, cleaned erly disposed; facilities maintained		
	\pm	TruitS	and vegetables washed belore	use			L					alled, maintained, and clean		
Pers	on in Cl	narge /T	itle:								Date	e:		
Inen	acter 1		- Juliun	<u> </u>		lΤσ	lenho	ne No	EDL	IS No.	Foll	ow-up: Yes		No
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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	TNAME	ADDRESS		CITY/ZII	P		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. ir	ı°F
Code		PRIORITY	ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reductio E IMMEDIATE ACTION within 72	n to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE ITI , operational controls, facilities or s s). These items are to be correct	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
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Person in Ch	narge /Title:				Date:		
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Person in Ch	narge /Title:				Date:		
Inspector:	Main This	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



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Person in Ch	narge /Title:				Date:		
Inspector:	Main J		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIF)		
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FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION			TEMP. ir	ı°F
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FOOD ESTABLISHMENT INSPECTION REPORT	
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ESTABLISHMENT NAME		ADDRESS	ADDRESS CITY/ZIP				
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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII			
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Person in Ch	narge /Title:				Date:		
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Code		PRIORITY	ITEMS			Correct by	Initial
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Person in Ch	narge /Title:				Date:		
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ESTABLISHMEN	IT NAME	ADDRESS		CITY /ZII			
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Person in Ch	narge /Title:				Date:		
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