

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

TIME IN	TIME OUT
DATE	PAGE 1 of

A HTIW	NY TIME	LIMITS	CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF JAME ·											COMPL	.Y
ADDR	ESS:						EST	ABLIS	HMENT	NUMB	ER:	COUNTY:			
CITY/2	ZIP:			PHONE:			FAX:					P.H. PRIORITY:	Н	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P.				:.Р.	GROCERY STORE INSTITUTION MOBILE VENDORS TAVERN TEMP.FOOD						:S				
PURPOS			Routine Follow-up												
		SSERT		SEWAGE DISPO	SAL	WAT	ER SI	JPPLY	1						
	roved		approved Not Applicable	PUBL PRIV		C	COMM	TINUI	Y			MUNITY pled	PRIVATI Results		
	LICETISE	: INO		RISK FAC		AND	INTE	RVENT	TIONS						
			preparation practices and emplo								ontrol a	and Prevention as con	tributing fac	tors in	
foodbor Complia		ss outbre	eaks. Public health intervention Demonstration of		es to pre			ne illnes		/. T	Dr	otentially Hazardous Fr	node	CC	S R
			Person in charge present, de			- 1	1	-		Prope		Potentially Hazardous Foods cooking, time and temperature			1
IN O	JI		and performs duties	114-	_				N/O N/A	D			-4 h -1 di		
IN O	UT		Employee I Management awareness; poli				IN (N/O N/A N/O N/A			eating procedures for hard time and temperatu		-	
_	JT		Proper use of reporting, restri	ction and exclusion			_		N/O N/A	Prope	er hot h	olding temperatures			
11. 01	JT N/O		Good Hygienic					OUT	N/A		er cold				
			Proper eating, tasting, drinkin No discharge from eyes, nose	g or tobacco use e and mouth						N/A Proper date marking and disp					
IN O	UT N/C)					IN (IN OUT N/O N/A records)							
			Preventing Contamin Hands clean and properly wa						Consumer Advisory Consumer advisory provided for raw or						
IN O	UT N/O)	,				IN	OUT	undercooked for			d food			
IN O	UT N/C)	No bare hand contact with rea approved alternate method provides the contact with reasonable and the contact with reasonable a	ady-to-eat foods or operly followed			H			Hig	hly Susceptible Popula	ations			
IN OUT Adequate handwashing facilities s			ies supplied &			IN (IN OUT N/O N/A Pasteurized foods used, prohibited food				foods not				
			accessible Approved S	Source						offere	ea	Chemical			
IN O	JT		Food obtained from approved	source			IN	OUT	N/A			es: approved and prop			
IN O	JT N/C	O N/A	Food received at proper temp	erature			IN OUT Toxic substances properly identified, used				ed, stored ar	ıd			
IN O	JT		Food in good condition, safe				Cor				ormance with Approved Procedures				
IN O	JT N/C	O N/A	Required records available: s destruction	hellstock tags, parasite			IN OUT N/A Compliance with approved Specialized Proc				lized Proces	s			
			Protection from Co	ontamination						unu i	17 (0 01	pian		I	<u> </u>
IN O	JT	N/A	Food separated and protected	d					the left of	f each i	tem ind	dicates that item's state	us at the tim	e of the	
IN O	JT	N/A	Food-contact surfaces cleaned	d & sanitized			inspection. IN = in compliance OUT = not in compliance						nce		
IN o	UT N/C)	Proper disposition of returned reconditioned, and unsafe foo						= not appl S=Correcte		ite	N/O = not observed R=Repeat Item			
			reconditioned, and unsale loc		OOD RE	TAIL F	PRACT								
			Good Retail Practices are prev						ogens, ch	emicals			ods.		
IN	OUT	Dootou	Safe Food and Wa urized eggs used where require	COS	R	IN	OUT	In use u	Proper Use of Utensils e utensils: properly stored			COS	R		
		and ice from approved source	eu					Utensils	, equipi		nd linens: properly sto	red, dried,			
			Food Temperature Control						handled Single-u	ed -use/single-service articles: properly stored, used					
			ate equipment for temperature							used properly					
			ved thawing methods used						Food on	Utensils, Equipment and Vending					
		mem	nometers provided and accurate	;					Food and nonfood-contact surfaces cleanable, prope designed, constructed, and used			ie, property			
			Food Identificatio	n						Varewashing facilities: installed, maintained, used; tes trips used					
		Food	properly labeled; original contai							onfood-contact surfaces clean					
		Innoct	Prevention of Food Conta						Hot and	Physical Facilities nd cold water available; adequate pressure					
		Insects, rodents, and animals not present Contamination prevented during food preparation, storage										oper backflow devices			
	and display										·			_	
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry							ŭ	ewage and wastewater properly disposed							
Wiping cloths: properly used and stored Fruits and vegetables washed before use						Toilet facilities: properly constructed, supplied, cleaned									
		Truits	and vegetables wastied before	uo⊏			\vdash	Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean							
Perso	n in Ch	arge /T	itle: Debralban								Date				
Inspec	ctor:	14 /	R			Tel	lephor	ne No.	EPH	S No.	Follo	ow-up:	Yes		No
-	/	yayua	Dady	DIOTEIN	- 6							ow-up Date:		,	
MO 580-1	ช14 (9-1 3)	//	//	DISTRIBUTION: WHITE	- – OWNER'	SCOPY			CANARY - FI	ILE COPY					E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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PAGE 2 of

ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIF	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the eor injury. These items MUST RECEIVE	elimination, prevention or reduce	TY ITEMS ction to an acceptable level, hazar n 72 hours or as stated.	ds associated	d with foodborne illness	Correct by (date)	Initial	
							DUB	
							DIB	
							توس	
							DIB	
							DUB	
0 - 1 -		0005	ITEMO			0	1.20.1	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilities	ITEMS or structures, equipment design, or rected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilities	or structures, equipment design, of	general maint	enance or sanitation stated.	Correct by (date)	Initial DJB	
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		EDUCATION F	PROVIDED OR COMMENTS					
Person in Ch	narge /Title: Subulban				Date:			
Inspector:	payla Baagg	DISTRIBUTION: WHITE – OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	