

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 F	ROUTINE	INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REG	ULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO		
	ABLISH		FOR CORRECTIONS SPECIF NAME:	OWNER:	IVIAT RE	SULI	IN CE	SSATIC	JN OF YO	UK FUUI	D OP	PERSON IN CHARGE:		
ADDRESS:				•	E			ESTABLISHMENT NUMBER:			R:	COUNTY:		
				PHONE:	PHONE:			FAX:				P.H. PRIORITY : H	М	L
	BLISHMEN BAKERY RESTAU		C. STORE CATEL SCHOOL SENIC		ELI MMER F	=.P.		GROCE AVERI	ERY STOF	RE		STITUTION MOBILE V	ENDOR	kS
PURPO	OSE Pre-oper	ing	Routine Follow-up	Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable							TER SUPPLY COMMUNITY			NON-COMMUNITY PRIVATE				
	Licens	e No		PRIV	ATE					Date :	Sam	pled Results		
				RISK FAC										
			preparation practices and emplo eaks. Public health intervention								ntrol	and Prevention as contributing factor	ors in	
Compli			Demonstration of		COS			mpliance			P	otentially Hazardous Foods	CO	S R
IN C	DUT		Person in charge present, der and performs duties	monstrates knowledge,			IN	OUT	N/O N/A	Proper	cook	ing, time and temperature		
			Employee F	lealth			IN	OUT	N/O N/A	Proper	rehe	eating procedures for hot holding		_
	TUC		Management awareness; poli	cy present			_		N/O N/A			ng time and temperatures		
IN (DUT		Proper use of reporting, restri Good Hygienic			-		OUT OUT	N/O N/A N/A			nolding temperatures holding temperatures		_
IN C	OUT N/O)	Proper eating, tasting, drinkin	g or tobacco use					N/O N/A	Proper	date	marking and disposition		
IN C	OUT N/	С	No discharge from eyes, nose	e and mouth			IN	OUT	N/O N/A	Time a records		ublic health control (procedures /		
			Preventing Contamin									Consumer Advisory		
IN (ON TUC)	Hands clean and properly was	shed			IN	OUT	N/A	Consul		dvisory provided for raw or		
IN C	OUT N/0	<u> </u>		contact with ready-to-eat foods or						underc		hly Susceptible Populations		
			approved alternate method pr				+			Pastou	rized	foods used, prohibited foods not		_
IN C	IN OUT Adequate handwashing facilit accessible		accessible				IN	OUT	N/O N/A offered					
IN (DUT		Approved S				INI	OUT	N/A	Food o	dditiv	Chemical		
	OUT N	O N/A	Food obtained from approved source Food received at proper temperature Food in good condition, safe and unadulterated				IN OUT		Food additives: approved and properly used Toxic substances properly identified, stored and used			i		
IN C	DUT									Conformance with Approved Procedures				
IN C	DUT N/	O N/A	Required records available: s destruction	hellstock tags, parasite			IN	OUT	N/A	and HA		with approved Specialized Process plan	•	
			Protection from Co				┨							
IN C	DUT	N/A	Food separated and protected					letter to ection.		it each ite	em in	dicates that item's status at the time	of the	
IN C	DUT	N/A	Food-contact surfaces cleane				N/A = not ap		in complia	n compliance OUT = not in compliance not applicable N/O = not observed Corrected On Site R=Repeat Item				
IN (OUT N/)	Proper disposition of returned reconditioned, and unsafe for											
			,		OOD RE	TAIL	PRAC	ΓICES				·		
			Good Retail Practices are prev				_	_	hogens, ch		_	•		
IN	OUT	Paste	Safe Food and Wa urized eggs used where require		cos	R	IN	OUT	In-use i			er Use of Utensils rly stored	cos	R
			and ice from approved source	<u>.</u>					Utensils	, equipm		nd linens: properly stored, dried,		
			Food Temperature Co	ontrol					handled Single-		-ser	vice articles: properly stored, used		+
			ate equipment for temperature							used pro	perly	, , , , ,		
			ved thawing methods used nometers provided and accurate				-		Food or			Equipment and Vending ntact surfaces cleanable, properly		_
		mem	iometers provided and accurate	•					designe	d, constr	ucted	l, and used		
			Food Identificatio	n						Warewashing facilities: installed, maintained, use				
		Food	properly labeled; original contai	ner				strips used Nonfood-contact surfaces clean			aces clean		+	
		1	Prevention of Food Conta						11.1	Physical Facilities				
	Insects, rodents, and animals not prese Contamination prevented during food pr					+		Hot and cold water available; adequate pres Plumbing installed; proper backflow devices					+	
		and display		, , ,								·		
			nal cleanliness: clean outer clot nails and jewelry	nıng, haır restraint,					Sewage	Sewage and wastewa		iter properly disposed		
		Wiping cloths: properly used and stored							Toilet fa	cilities: p	roper	ly constructed, supplied, cleaned		1
		Fruits	and vegetables washed before	use			1					erly disposed; facilities maintained alled, maintained, and clean		-
Pers	on in Ch	arge /T	itle: 0 / /2 /				-	1	1 1193100	Idollilled	Date		1	
			Lh of	_					T -	~ > -	_			
Inspe	ector:	MUSh	ritle: Qh Q/ nBhody			le	eepho	ne No	. PHE	S No.		ow-up: Yes ow-up Date:	ı	No



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZIF	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	ION	TEMP. in ° F		
		12.0						
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEN	PRIORITY I e elimination, prevention or reductio VE IMMEDIATE ACTION within 72	ITEMS on to an acceptable level, hazard 2 hours or as stated.	ds associated	d with foodborne illness	Correct by (date)	Initial	
							0B	
							PB	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOI	CORE ITI n, operational controls, facilities or s Ps). These items are to be correct	EMS structures, equipment design, g cted by the next regular inspe	eneral maint	enance or sanitation	Correct by (date)	Initial	
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Reference Person in Ch		n, operational controls, facilities or s Ps). These items are to be correct	structures, equipment design, g cted by the next regular inspe		Date:	(date)	2B 2B 2B 2B 2B 2B	
Reference	narge /Title: Qh Qh Mylm B.My	n, operational controls, facilities or s Ps). These items are to be correct	VIDED OR COMMENTS Telephone No.	PHES No.		Correct by (date)	9B 9B 9B 9B 9B	