

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 ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPE WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESUL ESTABLISHMENT NAME: OWNER:															
ADDRESS:					ESTABLISHMENT NUMBER:			ER: C	OUNTY:						
CITY/ZIP: PHONE:				FAX:			Р	.H. PRIORITY	: Н	М	ı	_			
ESTABLISHMENT	T TYPE	C STORE CATE)	INICT	ITUTION	MODII	_ \/_NI	2000	
BAKERY RESTAU	RANT	C. STORE CATEI SCHOOL SENIC		LI MER F.F	۰.		AVERI	ERY STOF	KE		ITUTION P.FOOD	MOBIL	E VENI	JURS	
PURPOSE Pre-openi	ng	Routine Follow-up	Complaint	Other											
FROZEN DES			SEWAGE DISPOS	AL V			UPPL								
Approved		approved Not Applicable	PUBLI PRIVA		C	COMMUNITY NON-CO					JNITY ed	PRIVA Resu	ATE ılts		
License	e No		RISK FAC		ND	INTE	RVEN	TIONS		·					
		preparation practices and emplo	yee behaviors most cor	nmonly re	porte	ed to th	ne Cen	ters for Dis		ontrol and	d Prevention as o	contributing f	actors i	n	
foodborne illnes Compliance	ss outbre	eaks. Public health intervention Demonstration of		s to preve	ent fo		ne illne mplianc		y. T	Poto	ntially Hazardous	- Foods		cos	R
		Person in charge present, der	•	000	- 1	1	IN OUT N/O N/A Proper cooking, tim			•			000	- 1	
IN OUT		and performs duties	3 ,												
IN OUT		Employee F Management awareness; poli						N/O N/A			ng procedures for time and temper		g		
IN OUT		Proper use of reporting, restri				_		N/O N/A			ding temperature				
IN OUT N/O		Good Hygienic					OUT	N/A			lding temperatur				
IN OUT N/O		Proper eating, tasting, drinking No discharge from eyes, nose						N/O N/A			arking and disposic health control		1		
IN OUT N/C)	3				IN	OUT	N/O N/A	record	ds)		"			
		Preventing Contamin Hands clean and properly was							Consu		Consumer Advis isory provided fo				
IN OUT N/O)	riands dean and property was	siled			undercooked food				ood					
IN OUT N/C)	No bare hand contact with rea approved alternate method pr								Highly	Susceptible Po	pulations			
IN OUT						IN OUT N/O N/A Pasteurize offered				ed foods used, prohibited foods not					
Approved Source								OHOLOG	<u> </u>	Chemical					
IN OUT Food obtained from approved source					IN	OUT	N/A			: approved and p					
IN OUT N/O N/A Food received at proper temperature					IN	OUT		used		es properly iden					
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite										nce with Approve th approved Spe					
IN OUT N/O N/A destruction					IN	OUT	N/A		ACCP pl		Clalized 1 100	.033			
IN OUT		Protection from Co Food separated and protected				Tho	lottor t	o the left o	of each its	om indic	ates that item's s	tatue at the	time of	ho	
IN OUT	N/A	Food-contact surfaces cleane					ection.						uirie oi	.110	
IN OUT	N/A	Proper disposition of returned				1		in compli = not app			UT = not in comp 'O = not observe				
IN OUT N/C)	reconditioned, and unsafe foo	d					S=Correcte	ed On Sit	ite R	=Repeat Item				
		Good Retail Practices are prevent		OOD RET				hogono oh	omicala	and phy	rainal ahianta inte	foods			
IN OUT		Safe Food and Wa		COS	R	IN	OUT	llogens, ci	ierriicais,		Use of Utensils	7 100us.	C	OS	R
		urized eggs used where require								properly	stored				
	Water	and ice from approved source						Utensils		nent and	linens: properly	stored, dried	,		
		Food Temperature Co	ontrol							le-service	articles: proper	y stored, us	ed		
		ate equipment for temperature	control						used pro	operly					
		ved thawing methods used nometers provided and accurate						Food ar	nd nonfo	od-conta	ipment and Vend ct surfaces clear	able, prope	rlv		
		Food Identification						designe	d, constr	ructed, a					
								strips u	sed		·	iea, usea, te	SI		
	Food	properly labeled; original contain						Nonfoo	d-contact	t surface					
	Prevention of Food Contamination Insects, rodents, and animals not present			+		t		Hot and	Physical Facilities nd cold water available; adequate pressure						
		mination prevented during food									er backflow device				
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry							Sewage	Sewage and wastewater properly disposed							
	Wiping	g cloths: properly used and stor	ed								constructed, sup				
	ruits	and vegetables washed before	usė			1					disposed; faciliti d, maintained, a		ea	+	
Person in Ch	arge /T	itle: Mmy (), Silmiza	<u> </u>				l	,0.00		Date:	<u>.,</u>	0.0011	<u> </u>		
Inspector:	N	TL Jayla Brady			Tel	lepho	ne No	. EPH	IS No.	Follow	-up:	Yes		No	
	4-7	Lil / payra exady									-up Date:				

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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ESTABLISHMEN [®]	T NAME	ADDRESS		CITY/ZIF)		
FOOD PRODUCT/LOCATION		TEMP. in ° F	MP. in ° F FOOD PRODUCT/ LOCA			TEMP. ir	۱°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY I elimination, prevention or reduction I IMMEDIATE ACTION within 72	TEMS n to an acceptable level, hazard thours or as stated.	ds associate	d with foodborne illness	Correct by (date)	Initial
							M5
							•
							M5
							רוא
Code		CORE ITE				Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or s s). These items are to be correct	structures, equipment design, g sted by the next regular inspe	eneral maint	enance or sanitation stated.	(date)	
							M5
							•
							M5
							F ()
							M5
							M5
		EDUCATION PROVI	IDED OR COMMENTS				
Person in Ch	arge /Title: Mm (), Sulm	nizor			Date:		
Inspector: _	arge /Title: Mmy (), Sulm Ml-SF/ Mylas	Blades -	Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	worth fugues	DISTRIBUTION: WHITE - OWNER'S COL		ADV	Follow-up Date:		F6 37A



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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. ir	ı ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORI elimination, prevention or redu /F IMMEDIATE ACTION within	TY ITEMS ction to an acceptable level, haza	irds associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN	n /2 hours or as stated.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities	ITEMS or structures, equipment design, rrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							M5	
							M5	
							M5	
							M5	
		EDUCATION PR	OVIDED OR COMMENTS					
Person in Ch	narge /Title: May (), SJ	mijor			Date:			
Inspector: \	marge / Ittle: May (), SI	Brady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13)



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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUC			TEMP. ir	۱° F	
Code		PRIORITY	ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction E IMMEDIATE ACTION within 7	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
Code		CORE IT	EMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or s). These items are to be corre	structures, equipment design, cted by the next regular insp	general maint pection or as	enance or sanitation stated.	(date)		
							M5	
							•	
		EDUCATION DESC	UDED OD OOM ENTS					
		EDUCATION PRO\	IDED OR COMMENTS					
Person in Ch	arge /Title: May (). Silve	ija			Date:			
Person in Charge /Title: My (), Sulminger Inspector: My I II Myla Brady			Telephone No.	EPHS No.	Follow-up:	Yes	No	
mspecial Philippe Many		inay.	. 5.550110 110.		Follow-up Date:			