

## 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	E INSPE	CTION, OR SUCH SHORTE	ER PERIOD OF TIME AS	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REGUL	CILITIES WHICH MUST BE CORRECT ATORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN ESTABLISHMENT NAME:			OWNER:	MAY RESULT IN CESSATION OF YOUR FOOL					UK FOOD C	PERSON IN CHARGE:				
ADDRESS:				1		ESTABLISHMENT NUM				NUMBER:	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L	
	BLISHME BAKER' RESTAI	Y			ELI JMMER F	P.		GROCE AVERI	ERY STOR		NSTITUTION MOBILE V	ENDOR	lS.	
PURP	OSE Pre-ope	ning	Routine Follow	v-up Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPO		C COMMUNITY NON					ON-COMMUNITY PRIVATE			
	Licen	se No		PRIV						Date Sai	mpled Results			
			•	RISK FA										
			preparation practices and en eaks. <b>Public health interve</b>								ol and Prevention as contributing factor	ors in		
Comp		C33 Outbi		n of Knowledge	COS			mplianc			Potentially Hazardous Foods	CO	S R	
IN (	OUT		Person in charge present, demonstrates knowledge,				IN	OUT	N/O N/A	Proper co	oking, time and temperature			
			and performs duties  Employe	ee Health					N/O N/A	Proper re	heating procedures for hot holding			
IN	OUT		Management awareness;	policy present					N/O N/A	Proper co	oling time and temperatures			
IN	OUT		Proper use of reporting, re			_			N/O N/A		t holding temperatures			
IN (	OUT N	/O	Proper eating, tasting, drir	enic Practices nking or tobacco use		-		OUT	N/A N/O N/A		d holding temperatures te marking and disposition			
IN	OUT N	/O	No discharge from eyes, r					OUT		Time as a	public health control (procedures /			
			Preventing Conta	mination by Hands		-	1111	001	14/0 14/A	records)	Consumer Advisory			
IN	OUT N	10	Hands clean and properly			+	INI	OUT	N/A	Consume	advisory provided for raw or			
IIN	001 14/	<u> </u>	No bose bosed contest with			_	IIN	001	IN/A	undercook				
IN	OUT N	/O	No bare hand contact with approved alternate methor							F	lighly Susceptible Populations			
IN (	IN OUT		Adequate handwashing fa accessible	dequate handwashing facilities supplied & ccessible			IN	OUT	N/O N/A	опегеа				
IN (	Approved Sou					IN OUT N		NI/A	Chemical					
			Food obtained from approved source Food received at proper temperature								tives: approved and properly used stances properly identified, stored and	t		
IN	IN OUT		Food in good condition, safe and unadulterated								rmance with Approved Procedures			
IN (	IN OUT N/O N/A Required records available: sl destruction					IN OUT N/A			Compliand and HACC	ce with approved Specialized Process CP plan	5			
INI /	OUT	NI/A	Food separated and prote	n Contamination			The letter to the left of each iter			ıf each item i	ndicates that item's status at the time	of the		
		N/A	Food-contact surfaces cleaned & sanitized			-		ection.		, or the				
IN	OUT	N/A					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN	OUT N	/O	Proper disposition of returned, previously served, reconditioned, and unsafe food							ed On Site				
					SOOD RE	TAIL	PRAC	TICES						
			'				_		hogens, ch		d physical objects into foods.		,	
IN	OUT	Pasto	Safe Food and urized eggs used where req		cos	R	IN	OUT	In uso i	Pro Itensils: prop	per Use of Utensils	cos	R	
			and ice from approved soul								and linens: properly stored, dried,			
			• •						handled	<u> </u>				
		Adequ	Food Temperature uate equipment for temperat	e Control			-			use/single-se used proper	ervice articles: properly stored, used			
			ved thawing methods used	die control					Cioves		Equipment and Vending			
		Therm	nometers provided and accu	ırate							contact surfaces cleanable, properly			
			Food Identific	ation			-				ed, and used es: installed, maintained, used; test			
									strips us	used				
		Food	properly labeled; original con						Nonfood	d-contact sur		-		
	Prevention of Food Contamir Insects, rodents, and animals not presen								Hot and		Physical Facilities available; adequate pressure			
	Contamination prevented during food prep										proper backflow devices			
and display  Personal cleanliness: clean outer clothing			clothing hair restraint			-		Sewage	and waster	vater properly disposed	1	+		
fingernails and jewelry Wiping cloths: properly used and stored Fruits and vegetables washed before use							Ū	wage and wastewater properly disposed let facilities: properly constructed, supplied,		<u> </u>				
		stored								1				
		Fruits	and vegetables washed bef	iore use			-				perly disposed; facilities maintained stalled, maintained, and clean	1		
Pers	son in C	harge /T	itle: 70- //-				-		, 5.54		ite:	•	1	
L														
Insp	Person in Charge /Title:  Inspector:  May The May Brady				Te	elepho	ne No	.   EPH		llow-up: Yes llow-up Date:	1	No		



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMENT NAME		ADDRESS	ADDRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ION	TEMP. ir	ı°F		
Code		BBIORI	TY ITEMS			Correct by	Initial		
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or redu E IMMEDIATE ACTION within	ction to an acceptable level, haza n 72 hours or as stated.	rds associate	d with foodborne illness	(date)	IIIIIIai		
							95		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities	ITEMS or structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial		
	ctandard operating procedures (eeer	oj. Tricce nome ure to se ce	Troctou by the next regular mep	oction of uc	otatou.		95		
							(  /		
							95		
							95		
							16		
							(7 >		
		EDUCATION PR	OVIDED OR COMMENTS						
Person in Ch	narge /Title: W_	<del></del>			Date:				
Inspector:	ML 17 The Mayla Brady	ı	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		



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ESTABLISHMENT NAME		ADDRESS	ADDRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	F FOOD PRODUCT/ LOCATION			TEMP. in ° F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction /F IMMEDIATE ACTION within 7	TITEMS on to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial		
	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN 7	2 nours or as stated.						
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT n, operational controls, facilities or Ps). These items are to be corre	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
							95		
							95		
		EDUCATION PROV	VIDED OR COMMENTS						
Person in Ch	parge /Title:				Date:				
Inspector:		<u> </u>	Telephone No.	EPHS No.	Follow-up:	Yes	No		
<i>/</i>	Ville 7 How JUMA Drady	•			Follow-up Date:		-		

MO 580-1814 (9-13)