

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 INSPE	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PE	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	IN WRI	TING BY 1	THE RE	GULA [*]	TORY AUTHORITY. F				
ESTABLISHMENT N	IMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESURN NAME: OWNER:			I IN CESSATION OF YOUR FOOD OF					PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:					COUNTY:				
CITY/ZIP: PHONE:				FAX:				P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P				GROCERY STORE INSTITUTION MOBILE VEND TAVERN TEMP.FOOD								RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other										
FROZEN DESSERT Approved Disapproved Not Applicable SEWAGE DISPOSAL PUBLIC			С	WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVAT Date Sampled Result									
License No	-	PRIVATE RISK FACT		INITE	D\/ENI	TIONS	Date	Cum		rtoodit			
Risk factors are food r	preparation practices and employ						sease C	ontrol	and Prevention as con	tributing fa	ctors in		
foodborne illness outbre	eaks. Public health intervention	s are control measures	s to prevent	foodbor	ne illne	ss or injury						00 L D	
Compliance	Demonstration of K Person in charge present, dem		COS	+	mpliance	N/O N/A	Potentially Hazardous Foods Proper cooking, time and temperature					OS R	
IN OUT	and performs duties Employee He	alth		IN		N/O N/A	Prope	r rohe	eating procedures for h	ot holding			
IN OUT	Management awareness; policy	y present		IN		N/O N/A	Prope	er cooli	ing time and temperatu				
IN OUT	Proper use of reporting, restrict Good Hygienic P				OUT OUT	N/O N/A N/A			nolding temperatures holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking	or tobacco use				N/O N/A	Prope	er date	te marking and disposition				
IN OUT N/O	No discharge from eyes, nose a	and mouth		IN	OUT	N/O N/A	Time		ublic health control (pr	ocedures /			
	Preventing Contaminate Hands clean and properly wash						Cons	ımer s	Consumer Advisory advisory provided for ra				
IN OUT N/O				IN	OUT	undercooke			d food				
IN OUT N/O	No bare hand contact with reac approved alternate method pro					Hig			hly Susceptible Popul	ations			
IN OUT	Adequate handwashing facilitie accessible	s supplied &		IN	OUT I	N/O N/A Pasteurized offered			foods used, prohibited	d foods not			
	Approved So								Chemical				
IN OUT					OUT	N/A			tives: approved and properly used stances properly identified, stored and		ind		
	01 14/O 14/A			IN OUT used			nformance with Approved Procedures						
Required records available: shellstock tags, parasite				INI	IN OUT N/A Compliance with approx								
IN OUT N/O N/A	destruction Protection from Cor	tamination	-	and HACCP plan									
IN OUT N/A	Food separated and protected	itanination		The	letter to	the left o	f each i	tem in	dicates that item's state	us at the tir	ne of the	:	
IN OUT N/A Food-contact surfaces cleaned & sanitized				inspection. IN = in compliance OUT = not in compliance									
IN OUT N/O Proper disposition of returned, previously served,				N/A = not applicable N/O = not observed									
331 14/0	reconditioned, and unsafe food		OOD RETAIL	PRACT		s=Correcte	ea On S	ite	R=Repeat Item				
	Good Retail Practices are preven					ogens, ch	emicals	, and	ohysical objects into fo	ods.			
IN OUT	Safe Food and Wate	•	COS R	IN	OUT	In use u	ıta naila ı		er Use of Utensils rly stored		COS	S R	
	urized eggs used where required and ice from approved source								nd linens: properly sto	red, dried,			
	Food Temperature Cor	ntrol				handled Single-use/sing		/single-service articles: properly stored, used			1		
	uate equipment for temperature c					Gloves	used pr	operly	, , ,				
	ved thawing methods used nometers provided and accurate			-		Food an			equipment and Vending ntact surfaces cleanab		,		
	·			_		designe	d, cons	tructed	l, and used				
	Food Identification					Warewashing facilities: strips used			s. installed, maintained	i, usea, tes	l		
Food	properly labeled; original contained Prevention of Food Contain					Nonfood-contact sur			rfaces clean Physical Facilities				
	ts, rodents, and animals not present				Hot and cold water available; adequate pressure								
	Contamination prevented during food preparation, storage and display					Plumbin	ng instal	led; pr	oper backflow devices				
Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and wa	astewa	ter properly disposed				
fingernails and jewelry Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned								
Fruits	and vegetables washed before u	se							erly disposed; facilities alled, maintained, and				
Person in Charge /T	itle: Marsan N				<u> </u>	i nysica	ı ıacılılı	Date		oicall	1		
Inspector: 1. 1.	Meresa Ded Budy Katityo Rocus	rest	Tz	elepho	ne No	FDH	IS No.	Foll	ow-up:	Yes		No	
Jaylor E	Mady Katityn Peceus	<u> </u>							ow-up Date:	. 55			
MO 580-1814 (9-13/)	· · · · · · · · · · · · · · · · · · ·	DISTRIBUTION: WHITE -	- OWNER'S COP	Υ		CANARY - F	ILE COPY	_		·		E6.37	



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. ir	ı ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORI* elimination, prevention or redu E IMMEDIATE ACTION within	TY ITEMS ction to an acceptable level, haza n 72 hours or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
							\Box	
							ar	
Code		CORE	: ITEMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities	or structures, equipment design,	general maint	enance or sanitation stated.	(date)		
							ar	
							ar	
							_	
							σ	
							75	
							TD	
		EDUCATION PR	OVIDED OR COMMENTS					
Person in Ch	arge /Title: 🔥	ρ			Date:			
Inspector:	Thereses the	tay	Telephone No.	EPHS No.	Follow-up:	Yes	No	
moreotor.	Mr Biady Katityro Recond	_	i eleptione ivo.		Follow-up Date:	100	140	

MO 580-1814 (9-13)



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

FOOD ESTABLISHMENT INSPECTION REPORT

3 PAGE of

ESTABLISHMENT NAME		ADDRESS		CITY/ZIP	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD	Γ/ LOCATI	ON	TEMP. in ° F		
100	OD . ROBOO IZEOOATION	I EIVIP. IN F	1 000	., LOOATI		I EIVIP. IN T		
Code		PRIORIT	Y ITEMS				Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIVED	elimination, prevention or reduction of reduction of reduction within	ction to an acceptable le	evel, hazards I.	associated	with foodborne illness	(date)	
Code		CORE	ITEMS				Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities	or structures, equipmer	t design, gen jular inspect	neral mainte	enance or sanitation stated.	(date)	Initial
								ar
								ar
								F
								$ abla \mathcal{D} $
								ar
		EDUCATION PRO	OVIDED OR COMMI	ENTS				
				-				
Person in Ch	Therese the	ay				Date:		
Inspector:	you Beachy Kathyo Room	4	Telephor	ne No. El	PHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)	// //	DISTRIBUTION: WHITE - OWNER'S	COPY CANA	RY – FILE COPY	,	wp = ato.		E6.37A

E6.37A