

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 SPEC WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT ESTABLISHMENT NAME: OWNER:													COMP	LY	
ADDRESS:					ESTABLISHMENT NUMBER:				ER:	: COUNTY:					
CITY/ZIP: PHONE:				FAX:				P.H. PRIORITY :	Н	M	L				
ESTABLISHMENT	TYPE	0.07005									07171171011		/END 01		
BAKERY RESTAUF	RANT	C. STORE CATE SCHOOL SENIC		₋I ∕IMER F.I	٥.		AVER	ERY STOF N	RE.		STITUTION MP.FOOD	MOBILE \	/ENDOI	RS	
PURPOSE Pre-openii	ng	Routine Follow-up	Complaint	Other	r										
FROZEN DES			SEWAGE DISPOS	AL \			UPPL								_
Approved		approved Not Applicable	PUBLI		C	COMMUNITY NON-COM Date Sam					MUNITY pled	PRIVATI Results			
License	No	<u> </u>	PRIVA		MD	INITE	D\/EN	PIONS							
RISK FACTORS AND INTERVENTIONS Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in															
foodborne illnes		eaks. Public health intervention	ons are control measure			odbor		ess or injury.							
	Compliance Demonstration of Knowledge Compliance Person in charge present, demonstrates knowledge,			COS	K	1			Prope		Potentially Hazardous Foods cooking, time and temperature)3	R
IN OUT		and performs duties	3 /					N/O N/A	N/A						
IN OUT		Employee F Management awareness; poli						N/O N/A	· · ·						
IN OUT		Proper use of reporting, restri				_		N/O N/A			nolding temperatures	1162			
IN OUT NO		Good Hygienic				IN	OUT	N/A	Proper cold holding temperatures						_
IN OUT N/O		Proper eating, tasting, drinking No discharge from eyes, nose						N/O N/A			marking and disposition which health control (pr				
IN OUT N/O)					IN	OUT	N/O N/A	record						
		Preventing Contamin Hands clean and properly was							Consi	ımer a	Consumer Advisory				
IN OUT N/O						IN	IN OUT IN/A underco				ked food				
IN OUT N/O)	No bare hand contact with rea approved alternate method pr								Hig	hly Susceptible Popula	ations			
IN OUT Adequate handwashing facilities supplied & accessible					IN OUT N/O N/A Pasteur offered				ed foods used, prohibited foods not						
	Approved Source					Silicited				u .	Chemical				
IN OUT	1 ood obtained nom approved course				IN OUT N/A Food additives: approved and properly use										
IN OUT N/O N/A Food received at proper temperature					IN	OUT		Toxic substances properly identified, stored as used				a			
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite				-				Conformance with Approved Procedures Compliance with approved Specialized Process							
IN OUT N/O N/A destruction					IN	OUT	N/A and HACCP plan								
. OUT		Protection from Co				Tho	lottor	to the left o	of oach it	tom inc	dicates that item's state	us at the tim	o of the		
THE SECOND SECON						ection.						e or the			
Dropper disposition of returned proviously control					-		= in compli \ = not app			OUT = not in compliant N/O = not observed	nce				
IN OUT N/O reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item															
		One d Detail Desetions are service		OOD RET				h h	!!-		-hil -hit- i-t- f-				
IN OUT		Good Retail Practices are previous Safe Food and Wa		COS	R	IN	OUT	nogens, cr	iemicais		er Use of Utensils	oas.	cos	R	_
		urized eggs used where require								proper	rly stored				
	Water	and ice from approved source						Utensils		nent a	nd linens: properly sto	red, dried,			
		Food Temperature Co	ontrol							le-serv	rice articles: properly s	tored, used			
		ate equipment for temperature	control					Gloves	used pro		'aviament and Vandina	~			
		ved thawing methods used cometers provided and accurate	:	+		1		Food ar			quipment and Vending ntact surfaces cleanab				_
		Food Identification	2					designe	d, const	tructed	l, and used				
	Food Identification						strips u								
	Food	Food properly labeled; original container Prevention of Food Contamination						Nonfoo	od-contact surfaces clean Physical Facilities						
	Insects, rodents, and animals not present							Hot and	and cold water available; adequate pressure						
	Contamination prevented during food preparation, storage and display						Plumbir	ing installed; proper backflow devices							
	Person	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Sewage and wastewater properly disposed							
	Wiping	cloths: properly used and store									ly constructed, supplie				_
	Fruits	and vegetables washed before	use			1					erly disposed; facilities alled, maintained, and			-	_
Person in Cha	arge /T	itle: Doanner W	31/5					,0100		Date				<u> </u>	_
Inspector: 、		111			Tel	lepho	ne No	. EPF	IS No.	Follo	ow-up:	Yes		No	
	MA	anie & Honacos							•		ow-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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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. ir	ı ° F		
Code		PRIORIT	Y ITFMS			Correct by	Initial		
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduct	ion to an acceptable level, haza	rds associate	d with foodborne illness	(date)	muai		
							av		
							,		
							AN		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE I , operational controls, facilities o s). These items are to be corr	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
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		FDUCATION PRO	VIDED OR COMMENTS						
Person in Ch	arge /Title: Deanner U	1D) (5			Date:				
Inspector: 、	. 111		Telephone No.	EPHS No.	Follow-up:	Yes	No		
	Mhni & Honacos				Follow-up Date:				



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FOOD PRODUCT/LOCATION		TEMP. in ° F		FOOD PRODU	JCT/ LOCAT	TON	TEMP. ir	۱° F	
Code		PRIO	RITY ITEMS				Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or red/E IMMEDIATE ACTION wit	duction to an ach	ceptable level, haza as stated.	ards associate	d with foodborne illness	(date)	miliai	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOI	n, operational controls, facilitie	RE ITEMS es or structures, corrected by th	equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
								AN	
								AV	
								AV	
		EDUCATION P	ROVIDED OF	COMMENTS					
Person in Ch	arge /Title: Dearror (1/2 DI/S				Date:			
Inspector: 、	Manie & Honses			Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

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