

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 INSPEC	ION THIS DAY, THE ITEMS NO TION, OR SUCH SHORTER PE	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED	IN WRIT	ING BY 1	HE REGU	LATORY AUTHORITY. FA			
ESTABLISHMENT NA	S FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESU NAME: OWNER:			THE SESSITION OF TOUR TOUR OUT OF					PERSON IN CHARGE:		
ADDRESS:	ESS:			ESTABLISHMENT NUMBER:			NUMBER	: COUNTY:			
CITY/ZIP:	ZIP: PHONE:			FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOR		I MER F.P.		GROCE AVERN	RY STOR		INSTITUTION TEMP.FOOD	MOBILE \	/ENDOF	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
	pproved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVA			UPPLY //UNITY			DMMUNITY ampled	PRIVATE Results		
License No		RISK FAC		INTE	RVENT	IONS					
	reparation practices and employ	ee behaviors most com	monly repor	ted to th	ne Cente	ers for Dis		rol and Prevention as contri	buting fact	ors in	
foodborne illness outbrea	aks. Public health intervention Demonstration of h				ne illnes mpliance		/. [Potentially Hazardous Foo	nds	CO	OS R
IN OUT	Person in charge present, dem			_		N/O N/A	Proper co	ooking, time and temperatu			
	and performs duties Employee He	ealth				N/O N/A	Proper re	eheating procedures for ho	t holding		
	Management awareness; polic	y present		IN	OUT N	N/O N/A		ooling time and temperature	es		
IN OUT	Proper use of reporting, restrict Good Hygienic P				1 TUO TUO	N/A N/A		ot holding temperatures old holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking					N/O N/A		ate marking and disposition			
IN OUT N/O	No discharge from eyes, nose			IN	N TUO	N/O N/A	records)	a public health control (proc	cedures /		
IN OUT N/O	Preventing Contamina Hands clean and properly wash			IN	OUT	N/A	Consumer Advisory				
IN OUT N/O	No bare hand contact with read							Highly Susceptible Populati	ions		
IN OUT	approved alternate method pro Adequate handwashing facilitie			INI	OUT N	N/O N/A	Pasteuriz	zed foods used, prohibited f	foods not		
iiv ss.	accessible Approved So	IIrca		IIN	001 1	N/O IN/A	offered	Chemical			
IN OUT	Food obtained from approved s			IN	OUT	N/A	Food add	ditives: approved and prope	erly used		
IN OUT N/O N/A	N OUT N/O N/A Food received at proper temperature			IN	OUT		Toxic sub	stances properly identified, stored and		d	
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Proced						
IN OUT N/O N/A	destruction			IN OUT N/A Compliance with approved Specialized Proc and HACCP plan			zed Proces	S			
IN OUT N/A	Protection from Cor Food separated and protected	ntamination		The	letter to	the left o	f each item	indicates that item's status	at the time	e of the	
IN OUT N/A	Food-contact surfaces cleaned	& sanitized		inspection. IN = in compliance OUT = not in compliance							
	Proper disposition of returned,	previously served.		N/A = not applicable N/O = not observed							
IN OUT N/O	reconditioned, and unsafe food					=Correcte	d On Site	R=Repeat Item			
	Good Retail Practices are preve		OD RETAIL			ogens ch	emicals ar	nd physical objects into food	ds		
IN OUT	Safe Food and Water		COS R	IN	OUT	ogono, on		roper Use of Utensils	uo.	COS	R
	rized eggs used where required and ice from approved source							pperly stored nt and linens: properly store	d dried		
vvaler a	and ice iroin approved source					handled		it and linens, property store	u, uneu,		
Adogus	Food Temperature Cor ate equipment for temperature of						ise/single-s used prope	service articles: properly sto	red, used		
	ed thawing methods used	Ontro				Gioves		s, Equipment and Vending			
Thermo	ometers provided and accurate						d nonfood-	-contact surfaces cleanable	, properly		
	Food Identification					Warewa	shing facili	cted, and used ties: installed, maintained, u	used; test		
Food p	Food properly labeled; original container			strips used Nonfood-contact surfaces clean							
Incosts	Prevention of Food Contamination				Physical Facilities						
Insects, rodents, and animals not present Contamination prevented during food preparation, storage			+				available; adequate pressu proper backflow devices	ai C			
and dis	play	,		+							
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			Sewage and wastewater properly disposed								
Wiping cloths: properly used and stored Fruits and vegetables washed before use			+	Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained							
	•							nstalled, maintained, and cle			
Person in Charge /Tit	tle:	laments					D	ate:			
Inspector:	Susan G	gurning	ΙΤe	elepho	ne No.	EPH	S No. F	ollow-up:	Yes		No
MO 580-1814 (9-13)	FLIL	DISTRIBUTION: WHITE -		•		CANARY – F	F	ollow-up Date:			E6.37



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ESTABLISHMENT NAME		ADDRESS				CITY/ZIP		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/			JCT/ LOCAT	/ LOCATION		n° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIOF	RITY ITEMS duction to an acc hin 72 hours or	eptable level, haza as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial
								SY
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilitie	RE ITEMS es or structures,	equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (000)	s). These items are to be o	orrected by the	TIEAT TEGUIAI IIIS	ection of as	stated.		SY
								SY
								SY
								SY
		EDUOATION D	DOWNER 02	COMPARATO				
		EDUCATION PI	KOVIDED OR	COMMENTS				
Person in Ch	arge /Title:	ı Clamnita				Date:		
Inspector:	Mhin F Z.L	ı Gamnitz]-	elephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No



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Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.							
							SY	
							SY	
							SY	
							SY	
		EDUCATION	PROVIDED OR COMMENTS					
Person in Ch	narge /Title: Susa	n Gamnitz			Date:			
Inspector:	Manie & Lil	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



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		EDUCATION	PROVIDED OR COMMENTS					
Person in Ch	arge /Title: Susan	Gamnitz			Date:			
Inspector: .	Maine of Line	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	