

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 NOT CTION, OR SUCH SHORTER PEF FOR CORRECTIONS SPECIFIEI | RIOD OF TIME AS M | AY BE SE | PECIFIED | IN WRI | TING BY T | HE REGULA | TORY AUTHORITY. FAILURE T | | | | |
|--|---|---|-------------------------|--|----------------------------------|---|--|--|-----------|-------|--|--|
| ESTABLISHMENT | OWNER: | | | | | | PERSON IN CHARGE: | | | | | |
| ADDRESS: | | ES | ESTABLISHMENT NUMBER: | | | COUNTY: | | | | | | |
| CITY/ZIP: | PHONE: | FAX | FAX: | | | P.H. PRIORITY : H | М | L | | | | |
| ESTABLISHMENT TYPE BAKERY RESTAURANT | C. STORE CATERE | | _I IMER F.F | | GROCE | ERY STOR | | ISTITUTION MOBILE MP.FOOD | VENDOR | ₹S | | |
| PURPOSE Pre-opening | Routine Follow-up | Complaint | Other | | | | | | | | | |
| FROZEN DESSER Approved Dis License No. | approved Not Applicable | EWAGE DISPOS PUBLIC PRIVA | С | VATER S COM | SUPPL' MUNIT | | NON-COM Date Sam | | E 3 | | | |
| | <u> </u> | RISK FAC | | | | | | | | | | |
| Risk factors are food foodborne illness outbr | preparation practices and employee eaks. Public health interventions | e behaviors most com are control measure | nmonly re s to preve | ported to ent foodbo | the Cent orne illne | ters for Dis ss or iniur | ease Control | and Prevention as contributing fac | tors in | | | |
| Compliance Demonstration of Kn | | owledge | COS | | R Compliance | | Р | otentially Hazardous Foods | CO | DS | | |
| IN OUT | Person in charge present, demor and performs duties | . . | | IN | OUT | N/O N/A | • | king, time and temperature | | | | |
| IN OUT | Employee Hea Management awareness; policy | | | _ | | N/O N/A N/O N/A | | eating procedures for hot holding ing time and temperatures | | -+ | | |
| IN OUT | | | | IN | OUT | N/O N/A | Proper hot holding temperatures | | | | | |
| IN OUT N/O | N OUT N/O Proper eating, tasting, drinking or | | | | OUT OUT | | | old holding temperatures ate marking and disposition | | | | |
| IN OUT N/O | No discharge from eyes, nose ar | d mouth | | | | N/O N/A | Time as a p records) | public health control (procedures / | | | | |
| | Preventing Contamination | | | | | | | Consumer Advisory | | | | |
| IN OUT N/O | OUT N/O Hands clean and properly washed | | | IN | | | undercooke | nsumer advisory provided for raw or dercooked food | | | | |
| IN OUT N/O | OUT N/O No bare hand contact with ready- approved alternate method proper | | | | | | Highly Susceptible Populations | | | | | |
| IN OUT | Adequate handwashing facilities accessible | | | IN | OUT | N/O N/A | Pasteurized offered | I foods used, prohibited foods not | | | | |
| | Approved Sour | | | | | | | Chemical | | | | |
| IN OUT IN OUT N/O N/A | Food obtained from approved so Food received at proper tempera | | | | OUT | N/A | | ves: approved and properly used ances properly identified, stored a | nd | | | |
| IN OUT NO NA | Food in good condition, safe and | | | IN | IN OUT | | used Conformance with Approved Procedures | | | | | |
| IN OUT N/O N/A | Required records available: shell | | | IN | IN OUT N/A | | Compliance | Compliance with approved Specialized Process | | | | |
| | destruction Protection from Conta | mination | | | | 11/7 | and HACCF | ^o plan | | | | |
| IN OUT N/A | Food separated and protected | | | | | o the left o | f each item in | dicates that item's status at the tir | ne of the | | | |
| IN OUT N/A | Food-contact surfaces cleaned & | sanitized | | ins | ispection. IN = in compliance | | | OUT = not in compliance | | | | |
| IN OUT N/O | OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food | | | N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item | | | | | | | | |
| | | | OD RET | AIL PRAC | | | | | | | | |
| | Good Retail Practices are prevent | | ntrol the i | ntroductio | n of path | nogens, ch | | | COS | R | | |
| Paste | IN OUT Safe Food and Water Pasteurized eggs used where required Water and ice from approved source | | | | | | Proper Use of Utensils In-use utensils: properly stored Utensils, equipment and linens: properly stored, dried, bandled | | | | | |
| A.1. | Food Temperature Contr | | | | | Single-u | se/single-ser | vice articles: properly stored, used | | _ | | |
| | uate equipment for temperature con wed thawing methods used | Itrol | | | | | used properly Utensils, E | Equipment and Vending | | + | | |
| Therr | nometers provided and accurate | | | | | | d nonfood-co d, constructed | ntact surfaces cleanable, properly | | | | |
| | Food Identification Food properly labeled; original container | | | | | | | s: installed, maintained, used; test | | | | |
| Food | | | | | | | I-contact surfa | | | | | |
| Insec | Prevention of Food Contamina Insects, rodents, and animals not present | | | | | Hot and | Physical Facilities I cold water available; adequate pressure | | | + | | |
| | Contamination prevented during food preparation, sto and display Personal cleanliness: clean outer clothing, hair restrai | | | | | Plumbin | bing installed; proper backflow devices ige and wastewater properly disposed | | | | | |
| Perso | | | | | | Sewage | | | | 1 | | |
| fingernails and jewelry Wiping cloths: properly used and stored | | | | | | | et facilities: properly constructed, supplied, cleaned | | | \pm | | |
| Fruits | Fruits and vegetables washed before use | | | | | Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean | | | | | | |
| Person in Charge / | Title: | | I | | 1 | - nysica | Dat | | 1 | | | |
| Inspector: | Tosur | | | Teleph | one No. | . EPH | | ow-up: Yes | | No | | |
| | | | | | | | I _ ··· | ow-up Date: | | | | |



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| N BEEEE | | SPECIION REPORT | | | PAGE ² of | | |
|-----------------------|---|--|---|----------------|------------------------|----------------------|---------|
| ESTABLISHMEN | T NAME | ADDRESS | CITY /ZIP | | | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | CT/ LOCATION | | TEMP. in ° F | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEN | PRIORITY IT elimination, prevention or reduction VE IMMEDIATE ACTION within 72 | EMS to an acceptable level, hazar hours or as stated. | ds associated | with foodborne illness | Correct by (date) | Initial |
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| Code Reference | Core items relate to general sanitation | CORE ITE n, operational controls, facilities or st | ructures, equipment design, g | general mainte | enance or sanitation | Correct by (date) | Initial |
| | standard operating procedures (SSOI | Ps). These items are to be correct | ed by the next regular inspe | ection or as s | stated. | | Þ |
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| | | EDUCATION PROVID | DED OR COMMENTS | | | | |
| | | | | | | | |
| Person in Ch | arge /Title: | | | | Date: | | |
| Inspector: | -mi.1.4 | K Es | Telephone No. | EPHS No. | Follow-up: | Yes | No |
| MO 580-1814 (9-13) | - Llow F Low | DISTRIBUTION: WHITE - OWNER'S COP | Y CANARY – FILE CO |)PY | Follow-up Date: | | E6.37A |

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