

## 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	<b>.</b> .		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	<sup>o</sup> 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 <sup>2</sup> 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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