

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	TIME OUT					
DATE	PAGE 1 of					

	ECTION, OR SUCH SHORTER F S FOR CORRECTIONS SPECIF										FAILURE TO	COMPL	Υ.
ESTABLISHMENT	BLISHMENT NAME: OWNER:									PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT NUMBER:			BER:	COUNTY:				
CITY/ZIP:	ZIP: PHONE:				FAX:					P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY	C. STORE CATE			,			ERY STOR	RE		ISTITUTION	MOBILE \	/ENDOR	S
RESTAURANT PURPOSE	SCHOOL SENIC	OR CENTER SUM	IMER F.F			AVEF			16	MP.FOOD			
Pre-opening	Routine Follow-up	Complaint	Other										
FROZEN DESSER Approved Dis	T sapproved Not Applicable	SEWAGE DISPOSA PUBLIC			ER S					IMUNITY	PRIVATE	Ē	
License No.		PRIVA ⁻	TE					Date	e Sam	pled	Results		
_		RISK FAC	TORS A	ND	INTE	RVE	NTIONS						
	preparation practices and emplo								Control	and Prevention as cor	ntributing fact	ors in	
foodborne illness outb Compliance	preaks. Public health intervention Demonstration of		cos	ent fo		ne illn mplian		y. T	D	otentially Hazardous F	oods	СО	S R
<u> </u>	Person in charge present, der	•	003	IX	1			Prop		king, time and tempera			3 K
IN OUT	and performs duties						N/O N/A						
IN OUT	Employee I					OUT	N/O N/A			eating procedures for I			
IN OUT IN OUT	Management awareness; poli					OUT OUT	N/O N/A	· · · · · · · · · · · · · · · · · · ·					
	Good Hygienic	Practices				OUT	N/A						
IN OUT N/O	Proper eating, tasting, drinkin No discharge from eyes, nose				IN	OUT	N/O N/A	Proper date marking and disposition Time as a public health control (procedures /					
IN OUT N/O	No discharge from eyes, nose	e and modul			IN	OUT	N/O N/A	recor		dublic fleatiff control (pr	iocedules /		
	Preventing Contamin									Consumer Advisory			
IN OUT N/O	Hands clean and properly wa	shed			IN	OUT	N/A			advisory provided for rand	aw or		
IN OUT N/O	No bare hand contact with rea approved alternate method pi							undo		ghly Susceptible Popul	lations		
IN OUT	Adequate handwashing facilit accessible				IN (OUT	N/O N/A	Paste offere		I foods used, prohibite	d foods not		
IN OUT	Approved S					OUT	N1/A	F	1.00	Chemical			
IN OUT N/O N//	Food obtained from approved Food received at proper temp					OUT	N/A			ves: approved and pro ances properly identific		d	
					IIN	OUT		used					
IN OUT	<u> </u>	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite								nance with Approved I with approved Specia		e	
IN OUT N/O N/A	destruction	nelisiock tags, parasite			IN	OUT	N/A		HACCE		alizeu Fioces	5	
	Protection from Co				L								
IN OUT N/A						letter ection		of each	item in	dicates that item's stat	tus at the time	e of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized				IN = in compliance OUT = not in compliance								
IN OUT N/O	Proper disposition of returned						A = not app DS=Correct		Site	N/O = not observed R=Repeat Item			
	reconditioned, and unsafe for		OD RET	All F	PRACT			ou on c	onto.	rt-rtepeat item			
	Good Retail Practices are prev							nemicals	s, and	physical objects into fo	oods.		
IN OUT	Safe Food and Wa	101	cos	R	IN	OUT				er Use of Utensils		COS	R
	eurized eggs used where require er and ice from approved source	ed								erly stored and linens: properly sto	rod driod		
VVale	er and ice from approved source						handled		illelit a	ind linens, property sic	neu, uneu,		
	Food Temperature Co									vice articles: properly s	stored, used		
	quate equipment for temperature	control					Gloves	used pr			-		
	oved thawing methods used mometers provided and accurate	ż					Food a	nd nonfo	nsiis, E	Equipment and Vendin Intact surfaces cleanal	g ole properly		
	·						designe	ed, cons	tructed	d, and used			
	Food Identificatio	n					Warewa strips u		acilities	s: installed, maintained	d, used; test		
Food	d properly labeled; original contai	ner							ct surfa	aces clean			
	Prevention of Food Conta	amination							Ph	nysical Facilities			
	cts, rodents, and animals not present tamination prevented during food preparation, storage							nd cold water available; adequate pressure					-
	tamination prevented during food display	preparation, storage					Piumbii	ıg ınsta	пеа; pr	oper backflow devices	5		
Personal cleanliness: clean outer clothing, hair restraint,				Ī		Sewage	e and w	astewa	ater properly disposed				
	fingernails and jewelry Wiping cloths: properly used and stored						Toilet fa	acilities: properly constructed, supplied, cleaned			ed, cleaned	1	1
	s and vegetables washed before						Garbag	e/refuse	refuse properly disposed; facilities maintained				
Damais in Ci	T:41				<u> </u>		Physica	ıl faciliti	1	alled, maintained, and	clean		
Person in Charge /	riue:	1/1/1							Date	e.			
Inspector: Kathyk	Reont Reuper Ma	Wy		Tel	epho	ne No	o. EPH	IS No.		ow-up: ow-up Date:	Yes	l	No
MO 580-1814 (9-13)	 	/ DISTRIBUTION: WHITE -	- OWNER'S	COPY			CANARY – F	ILE COPY					E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

FOOD ESTABLISHMENT INSPECTION REPORT

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of

ESTABLISHMENT NAME		ADDRESS		CITY/ZIP	Y/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/	LOCATION	TEMP. ir	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY e elimination, prevention or reduction VE IMMEDIATE ACTION within 7.	ITEMS on to an acceptable level, hazards a 2 hours or as stated.	associated with foodborne illness	Correct by (date)	Initial		
					A	I Ar		
Code Reference	Core items relate to general sanitatio standard operating procedures (SSO	CORE IT n, operational controls, facilities or Ps) These items are to be corre	structures, equipment design, gene	eral maintenance or sanitation	Correct by (date)	Initial		
	transara operating procedures (occ	o). These teme are to so corre	otou sy the next regular mepeet.	on or do otatou.	lace	I also		
		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	arge /Title:	0 1 /11-4		Date:				
Inspector: /	others Prand Page	Mulas	Telephone No. EF	HS No. Follow-up:	Yes	No		
MO 580-1814 (9-13)	athyn Peoux Jugan	DISTRIBUTION: WHITE - OWNER'S CO		Follow-up Date:		E6.37A		