

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

TIME IN	TIME OUT
DATE	PAGE 1 of

	SPECTION, OR SUCH SHORTER I MITS FOR CORRECTIONS SPECII								. FAILURE TO	COMPL	_Y	
	SHMENT NAME:  OWNER:			02.	<u> </u>		<u> </u>		PERSON IN CHARGE:			
ADDRESS:			EST	ESTABLISHMENT NUMBER:			ER: COUNTY:					
CITY/ZIP:	PHONE:			FAX	FAX:			P.H. PRIORITY	: Н	М	L	
ESTABLISHMENT TY BAKERY	YPE C. STORE CATE	RER DEL	1	GROCERY STORE			F	INSTITUTION	MOBILE V	FNDOF	es.	
RESTAURAN			IMER F.P.		AVERN			TEMP.FOOD	MODILE V	LINDOI		
PURPOSE Pre-opening	Routine Follow-up	o Complaint	Other									
FROZEN DESSI	'	SEWAGE DISPOSA		TER S		,						
Approved Disapproved Not Applicable PU				COMMUNITY NON-C				COMMUNITY Sampled	PRIVATE Results			
License No	0	PRIVA					Date	- Campica	- TOSUITS			
		RISK FACT										
	ood preparation practices and emplo outbreaks. <b>Public health interventi</b> e							ontrol and Prevention as o	ontributing facto	ors in		
Compliance	Demonstration of				mpliance	_ , ,		Potentially Hazardous	Potentially Hazardous Foods			
IN OUT	Person in charge present, demonstra			IN (	IN OUT N/O N/A Prop		Prope	r cooking, time and tempe				
110 001	and performs duties	Hoolth	-				Dropo	r roboating procedures fo	er hot holding			
IN OUT	Employee I  Management awareness; pol						r reheating procedures for cooling time and temper					
IN OUT	Proper use of reporting, restr			_		N/O N/A		r hot holding temperature				
	Good Hygienic	Practices			OUT	N/A	Prope	r cold holding temperature				
IN OUT N/O	Proper eating, tasting, drinking			IN	OUT	N/O N/A		r date marking and dispos				
IN OUT N/O	No discharge from eyes, nose	e and mouth		IN	1 TUO	N/O N/A	record	as a public health control	(procedures /			
	Preventing Contamir							Consumer Advise				
IN OUT N/O	Hands clean and properly wa	shed		IN	OUT	N/A		umer advisory provided fo cooked food	r raw or			
IN OUT N/O	No bare hand contact with re-						Highly Susceptible Populations					
approved alternate method properly folic IN OUT Adequate handwashing facilities supplie				IN (			urized foods used, prohib	ted foods not				
accessible Approved Source		_	-	offere		offere		Chemical				
IN OUT	Food obtained from approved			IN	IN OUT N/A Food ad			itives: approved and properly used				
IN OUT N/O				IN	IN OUT Toxics		substances properly iden	tified, stored and	i			
IN OUT	Food in good condition, safe				used			nformance with Approved Procedures				
IN OUT N/O	OUT N/O N/A Required records available: shellstock tags, parasite destruction			IN			liance with approved Spe ACCP plan	cialized Process	;			
	Protection from C	ontamination					uu	, to o. p.a			ı	
IN OUT N	N/A Food separated and protecte	d		The letter to the left of each item indicates that item's status at the time of								
IN OUT N/A Food-contact surfaces cleaned & sanitized				ilisp	inspection.  IN = in compliance  OUT = not in compliance							
IN 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								
	reconditioned, and unsafe loc		OD RETAIL	PRACT	TICES							
	Good Retail Practices are prev	entative measures to cor	ntrol the intro	oduction	of path	ogens, che	emicals	, and physical objects into	foods.			
IN OUT	Safe Food and Wa	1101	COS R	IN	OUT			Proper Use of Utensils		COS	R	
	Pasteurized eggs used where require	ed		_				properly stored			_	
\ \ \ \ \	vater and ice from approved source	ater and ice from approved source			handled			, equipment and linens: properly stored, dried,				
	Food Temperature C							e-service articles: properl	y stored, used			
	Adequate equipment for temperature Approved thawing methods used	CONTROL		-		Gloves t		isils, Equipment and Vend	lina			
	hermometers provided and accurate	е				Food and nonfood-c		od-contact surfaces clear				
	Food Identification						gned, constructed, and used ewashing facilities: installed, maintained, used; test					
						strips us	used					
F	Food properly labeled; original container  Prevention of Food Contamination					Nontood	ood-contact surfaces clean Physical Facilities				+	
In	nsects, rodents, and animals not present			1	Hot and cold water available;				ressure		+	
C	notamination prevented during food preparation, storage display					Plumbing installed; proper backflow devices						
P	Personal cleanliness: clean outer clongernails and jewelry			Sewage and wastewater properly disposed								
W	Viping cloths: properly used and stor					Toilet facilities: properly constructed, supplied, cleaned						
F	ruits and vegetables washed before	use		-				properly disposed; facilities installed maintained as			-	
Person in Charge /Title: Physical facilities installed, maintained, and clean  Date:								<u> </u>				
Inspector: Telephone No.   EPHS No.   Follow-up: Yes							No					
Inspector:  Mining FLI					Follow-up Date:			1 62		INU		

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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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZI	P		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PROD	UCT/ LOCAT	TION	TEMP. in ° F	
Code		PRIOF	RITY ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or red VE IMMEDIATE ACTION with	luction to an acceptable level, haz nin 72 hours or as stated.	ards associate	d with foodborne illness	(date)	
							JBB.
							190
0.1.		000	NE ITEMO			0	1.20.1
Code Reference	Core items relate to general sanitation standard operating procedures (SSO)	n, operational controls, facilitie	RE ITEMS s or structures, equipment design orrected by the next regular ins	, general maint	enance or sanitation stated.	Correct by (date)	Initial
							B
							. 40
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							ZB
							ZB
							<b>129</b> D
		EDUCATION PI	ROVIDED OR COMMENTS				
Person in Ch	arge /Title:	$\mathcal{D}_{\alpha \alpha \alpha}$			Date:		
Inspector:	10		Telephone No.	EPHS No.	Follow-up:	Yes	No
	Minu I Lil				Follow-up Date:		

MO 580-1814 (9-13)

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