

## 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 NO CTION, OR SUCH SHORTER PE	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRI	FING BY 1	THE REC	GULAT	ORY AUTHORITY.				
ESTABLISHMENT	IE LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY IMENT NAME: OWNER:			LT IN CESSATION OF YOUR FOOD OF					PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:				ER:	COUNTY:				
CITY/ZIP:	PHONE:	PHONE:			FAX:			P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l Mer F.P.		GROCE	RY STOR	RE		STITUTION MP.FOOD	MOBILE	VENDO	ORS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other										
FROZEN DESSERT SEWAGE DISPO Approved Disapproved Not Applicable PUB				COMMUNITY NON-CO				OMMUNITY PRIVATE ampled Results					
License No		RISK FACT		) INTE	RVEN	TIONS							
	preparation practices and employe							ontrol a	and Prevention as con	tributing fac	ctors in		
foodborne illness outbr Compliance	eaks. Public health intervention Demonstration of K				ne Illnes mpliance	, ,	y.	Po	tentially Hazardous F	oods		COS R	
IN OUT	Person in charge present, demo	<b>v</b>		-		N/O N/A	Prope		ing, time and tempera				
	and performs duties Employee He	alth		IN (		N/O N/A	Prope	r rehe	ating procedures for h	not holdina			
IN OUT	JT Management awareness; policy present			IN (	I TUC	N/O N/A	O N/A Proper cooling time and temperatures						
IN OUT	Proper use of reporting, restrict Good Hygienic P				OUT OUT	<u>N/O N/A</u> N/A							
IN OUT N/O	Proper eating, tasting, drinking	or tobacco use			OUT		Prope	r date					
IN OUT N/O	No discharge from eyes, nose a	and mouth		IN	OUT	N/O N/A	Time a record		ublic health control (pr	ocedures /			
	Preventing Contaminat								Consumer Advisory				
IN OUT N/O	Hands clean and properly wash	ed		IN	OUT	N/A	Consu under		dvisory provided for ra	aw or			
IN OUT N/O	No bare hand contact with read						Highly Susceptible Populations						
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied &			IN	ו דוור	N/O N/A	Paster	urized	foods used, prohibited	d foods not			
	accessible Approved Sou	Irce			501 1	N/O N/A	offered	d	Chemical		_		
IN OUT	Food obtained from approved s			IN	OUT	N/A	Food a	additiv	es: approved and pro	perly used			
IN OUT N/O N/A				IN	IN OUT Toxic subs		substa	nces properly identifie	ed, stored a	nd			
IN OUT	IN OUT Food in good condition, safe and unadulterated						Co		ance with Approved F				
IN OUT N/O N/A	destruction			IN	OUT	N/A	N/A Compliance with approved Specialized Proce and HACCP plan			lized Proce	SS		
	Protection from Con Food separated and protected	tamination		The	lottor to	the left o	f oach it	om ind	liaataa that itam'a atat	us at the tir	an of the	~	
				The letter to the left of each item indicates that item's status at the time of the inspection.									
IN OUT N/A Food-contact surfaces cleaned & sanitized Proper disposition of returned, previously served,				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed									
IN OUT N/O reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item									
			OD RETAIL										
IN OUT	Good Retail Practices are prever Safe Food and Wate		COS R	IN	of path OUT	ogens, ch	emicals,		hysical objects into fo	ods.	CO	S R	
	urized eggs used where required							proper	ly stored				
Water	Water and ice from approved source						Jtensils, equipment and linens: properly stored, dri nandled			red, dried,			
	Food Temperature Control							e-serv	ice articles: properly s	stored, used			
Adequate equipment for temperature control						Gloves	used pro						
Approved thawing methods used Thermometers provided and accurate						Food an			quipment and Vending		,		
						designe	d, const	ructed	, and used	, i i j			
Food Identification						Warewa strips us		cilities	: installed, maintained	l, used; test			
Food properly labeled; original container							od-contact surfaces clean						
Insect	Prevention of Food Contamination Insects, rodents, and animals not present			_		Hot and	Physical Facilities d cold water available; adequate pressure						
Contamination prevented during food preparation, storage									oper backflow devices		1		
and display Personal cleanliness: clean outer clothing, hair restraint,				_		Sewage	and wa	stewa	ter properly disposed		_		
fingernails and jewelry						, , , , , , , , , , , , , , , , , , ,							
Wiping cloths: properly used and stored           Fruits and vegetables washed before use				_			t facilities: properly constructed, supplied, cleaned age/refuse properly disposed; facilities maintained						
				Physical facilities installed, maintained, and clean									
Person in Charge /T	Title:	M						Date					
Inspector: Manie F. Honors Jaylor Brady			Te	elepho	ne No.	EPH	S No.		ow-up: ow-up Date:	Yes		No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COP	Υ		CANARY - F	ILE COPY	. 510	up Duto.			E6.37	



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Macces	POOD ESTABLISHMENT INSPECTION REPORT						of		
ESTABLISHMEN	TNAME	ADDRESS	ADDRESS CITY/ZIP						
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCATI	ON	TEMP. in ° F			
Orda						O a man at here	luciti e l		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY IT e elimination, prevention or reduction VE IMMEDIATE ACTION within 72 I	to an acceptable level, hazard hours or as stated.	ds associated	with foodborne illness	Correct by (date)	Initial		
							<i>JP</i> B		
							<i>SCB</i>		
							<i>PPR</i>		
Code		CORE ITE!	MS			Correct by	Initial		
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or str Ps). These items are to be corrected	ructures, equipment design, go ed by the next regular inspe	eneral mainte ection or as s	nance or sanitation	(date)			
							ALB.		
							<i>LEB</i>		
							CUN		
							<i>JCB</i>		
							<i>PB</i> B		
							140		
		EDUCATION PROVID	DED OR COMMENTS						
Person in Ch	arge /Title:	Rom			Date:				
Inspector:	anie F. Honors Daylor.	Brady		EPHS No.	Follow-up: Follow-up Date:	Yes	No		
MO 580-1814 (9-13)		DIST BUTION: WHITE - OWNER'S COPY	Y CANARY – FILE CO	PY			E6.37A		

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ABLISHMENT NAME		ADDRESS		CITY /ZIF			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODI	JCT/ LOCAT	ION	TEMP. i	n ° F
Code ference Priority items con	tribute directly to the	PRIORITY I elimination, prevention or reductior E IMMEDIATE ACTION within 72	TEMS to an acceptable level, haz	ards associated	d with foodborne illness	Correct by (date)	Initia
or injury. These in	ems MUST RECEIV	E IMMEDIATE ACTION within 72	hours or as stated.				
							RB
code erence Core items relate	to general sanitation.	CORE ITE operational controls, facilities or s	tructures, equipment design,	, general mainte	enance or sanitation	Correct by (date)	Initial
standard operatin	g procedures (SSOP	s). These items are to be correc	ted by the next regular ins	pection or as	stated.		
							Date: Fecha
							Emple PASS BAR 1 ESACP
							<1
		EDUCATION PROVI	DED OR COMMENTS				
	~						
son in Charge /Title:	J. h. h. l. L	2014			Date:		
	ANNAL						
vector:	D Jaylor F	7 .	Telephone No.	EPHS No.	Follow-up:	Yes	No

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