

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 PER | RIOD OF TIME AS MA | AY BE SPEC | CIFIED I | N WRIT | ING BY T | HE REC | GULAT | FORY AUTHORITY. FA | BE CORRE | CTED B COMPL | Y THE .Y |
|--|--|-----------------------|---|---|---|---------------------------|---|---|---|----------------|-----------------|-------------|
| ESTABLISHMENT | MITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESUNT NAME: | | | TIN CESSATION OF YOUR FOOD OF | | | | | PERSON IN CHARGE: | | | |
| ADDRESS: | | ESTABLISHMENT NUM | | | NUMBE | ER: | COUNTY: | | | | | |
| CITY/ZIP: | | PHONE: | | FAX: | | | | P.H. PRIORITY : | Н | М | L | |
| ESTABLISHMENT TYPE BAKERY RESTAURANT | C. STORE CATERE SCHOOL SENIOR | | l Mer F.P. | | GROCEF | RY STOR | E | | STITUTION MP.FOOD | MOBILE V | ENDOR | S |
| PURPOSE Pre-opening | Routine Follow-up | Complaint | Other | | | | | | | | | |
| FROZEN DESSERT Approved Disapproved Not Applicable PUBLIC | | | | WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results _ | | | | | | | | |
| License No. | | RISK FACT | |) INTEI | RVENT | IONS | | | | | | |
| | preparation practices and employe | | | | | | | ontrol a | and Prevention as contr | ributing facto | ors in | |
| Compliance | eaks. Public health interventions Demonstration of Kn | | | | mpliance | s or injury | /. | Pc | tentially Hazardous Fo | ods | CO | S R |
| IN OUT | Person in charge present, demo and performs duties | nstrates knowledge, | | IN (| N TUC | | | r cook | ing, time and temperatu | ıre | | |
| | Employee Hea | | | IN (| | I/O N/A | | | ating procedures for ho | | | |
| IN OUT | Management awareness; policy Proper use of reporting, restriction | | | IN O | | 1/0 N/A | | | ng time and temperatur olding temperatures | es | _ | |
| | Good Hygienic Pra | actices | | IN | OUT | N/A | Proper | r cold | cold holding temperatures | | | |
| IN OUT N/O | Proper eating, tasting, drinking o No discharge from eyes, nose an | | | | | <u>N/O N/A</u> I/O N/A | | | marking and disposition ublic health control (pro- | | | |
| | Preventing Contamination | on by Hands | | | | I/O IN/A | record | s) | Consumer Advisory | | | |
| IN OUT N/O | Llanda alaan and properly weeked | | | IN | | | | er advisory provided for raw or ked food | | | | |
| IN OUT N/O | IN OUT N/O No bare hand contact with ready-t approved alternate method proper | | | | | | | | hly Susceptible Populat | tions | | |
| IN OUT | | | | IN (| IN OUT N/O N/A Pasteurized foods used, prohibited foods offered | | | | foods not | | | |
| | Approved Sou | | | | | | | | Chemical | | | |
| IN OUT Food obtained from approved sou IN OUT N/O N/A Food received at proper temperate | | | | | | N/A | | | es: approved and prope ances properly identified | | d | |
| | | | | IIN | IN OUT Used | | | onform | ormance with Approved Procedures | | | |
| IN OUT N/O N/A | Required records available: shellstock | | | IN OUT N/A Compliand | | | liance | ce with approved Specialized Process | | | | |
| | destruction Protection from Conta | amination | | | | 1077 | and H | ACCP | plan | | | |
| IN OUT N/A | Food separated and protected | | | - | | the left o | f each ite | em inc | licates that item's statu | s at the time | e of the | |
| IN OUT N/A | DUT N/A Food-contact surfaces cleaned & sanitized | | | IN = in compliance OUT = not in compliance | | | | | | | | |
| IN OUT N/O Proper disposition of returned, previously su | | | N/A = not applicable COS=Corrected On Site | | | | | | N/O = not observed R=Repeat Item | | | |
| | reconditioned, and unsafe food | | OD RETAIL | PRACT | | -conecie | | ie | N-Nepeat item | | | |
| | Good Retail Practices are prevent | ative measures to con | trol the intro | oduction | of patho | ogens, ch | emicals, | and p | hysical objects into foo | ds. | | |
| IN OUT | Safe Food and Water urized eggs used where required | | COS R | IN | OUT | In-use u | toneile: I | | er Use of Utensils | | COS | R |
| | r and ice from approved source | | | | | Utensils | , equipm | | nd linens: properly store | ed, dried, | | |
| Food Temperature Contro | | rol | | | | handled Single-u | | e-serv | ice articles: properly sto | ored, used | | + |
| | Adequate equipment for temperature contr | | | | | | used pro | perly | | | | |
| | oved thawing methods used nometers provided and accurate | | | | | Food an | Utensils, Equipment and Vending bod and nonfood-contact surfaces cleanable, properly | | | e, properly | | |
| | | | | | | designe | d, consti | ructed | , and used | | | _ |
| Food Identification | | | | | | strips us | Warewashing facilities: installed, maintained, used; test strips used | | | | | |
| Food properly labeled; original container Prevention of Food Contamination | | | | | | Nonfood | Nonfood-contact surfaces clean Physical Facilities | | | | | |
| Insects, rodents, and animals not present | | | | | Hot and cold water available; adequate pressure | | | | | | | |
| Contamination prevented during food preparation, storage and display | | | | | | Plumbin | ig installe | ed; pro | oper backflow devices | | | |
| Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | | | Sewage | and wa | stewa | ter properly disposed | | 1 | |
| Wiping cloths: properly used and stored | | | | | Toilet facilities: properly constructed, supplied, cleaned | | | | | | | |
| Fruits and vegetables washed before use | | | | Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean | | | | | | | | |
| Person in Charge /1 | Title: Kolon Marthman | I | | | | i iiysica | | Date | | | 1 | 1 |
| | Person in Charge /Title: Kelsey Hartmann Inspector: Lathin Pecute | | | elephoi | ne No. | PHE | S No. | | ow-up: | Yes | | No |
| Kallyn Flein MO 580-1814 (9-13) | 10 242 | DISTRIBUTION: WHITE - | OWNER'S COP | γ | (| CANARY - FI | ILE COPY | Follo | ow-up Date: | | | E6.37 |



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|--------------------|---|--|--|---|-------------------------|------------|
| ESTABLISHMEN | Γ NAME | ADDRESS | ADDRESS CITY/ZIP | | | |
| FO | DD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUC | T/ LOCATION | TEMP. i | in ° F |
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| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEI | PRIORITY II e elimination, prevention or reduction VE IMMEDIATE ACTION within 72 | TEMS to an acceptable level, hazards hours or as stated. | associated with foodborne i | Iness Correct by (date) | Initial |
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| Code | | CORE ITE | MS | | Correct by | Initial |
| Reference | Core items relate to general sanitation standard operating procedures (SSO | n, operational controls, facilities or st Ps). These items are to be correct | tructures, equipment design, gen ted by the next regular inspec | neral maintenance or sanitati tion or as stated. | on (date) | |
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| | | EDUCATION PROVI | DED OR COMMENTS | | | I |
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| Person in Ch | nevin 9000 | mann | | Date: | | |
| Inspector: | tilum Bard Sea | · • • • • • | Telephone No. P | HES No. Follow-up: Follow-up Dat | Yes e: | No |
| MO 580-1814 (9-13) | <u>n</u> – | DISTRIBUTION: WHITE - OWNER'S COP | Y CANARY – FILE COPY | (| | E6.37A |

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| Code Preference Print Print Content Print Code Print Print Print Print Print Print Code Print Code Items reade to general cancellon, operational controls facilitie or structures equipment design general maintenance or structure Instance general maintenance or structure Control Print Education general cancellon in them are to be controleed by the next register instance or a cancellon or a can | ESTABLISHMENT NAME ADDRESS CITY /ZIP | | | | 0 | | | | |
| Reference Priority terms combubility directly to the elimination, providence or eaclaction to an acceptable level, hazards associated with foodborne illness (date) code core fems MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. Image: comparison of the state | FOOD PRODUCT/LOCATION | | TEMP. in ° F | TEMP. in ° F FOOD PRODUCT/ L | | | TEMP. in ° F | | |
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