

## 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	CTION, OR SUCH SHORTER PEF	RIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	ING BY T	HE REGL	ACILITIES WHICH MUST BE CORRECT JLATORY AUTHORITY. FAILURE TO U			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED II ESTABLISHMENT NAME:		OWNER:			55A1101			PERSON IN CHARGE:			
ADDRESS:		1	EST	ABLISH	IMENT I	NUMBEF	COUNTY:				
CITY/ZIP:		PHONE:		FAX	FAX:			P.H. PRIORITY : H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREI SCHOOL SENIOR		l MER F.P.		GROCEF	RY STOR	E	INSTITUTION MOBILE VI TEMP.FOOD	ENDOR	S	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disa License No.	PUBLIC					DMMUNITY PRIVATE ampled Results					
		RISK FACT		D INTE	RVENT	IONS					
								trol and Prevention as contributing facto	rs in		
Compliance	eaks. Public health interventions Demonstration of Kn				mpliance	s or injury		Potentially Hazardous Foods	COS	S R	
IN OUT	Person in charge present, demor and performs duties	nstrates knowledge,		IN (	OUT N	/O N/A	Proper of	cooking, time and temperature			
	Employee Hea				IN OUT N/O N/A			reheating procedures for hot holding			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction		+	IN (		/O N/A /O N/A		cooling time and temperatures		-+	
	Good Hygienic Pra	actices			OUT	N/A	Proper c	cold holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose ar		$\left  \right $			I/O N/A		date marking and disposition a public health control (procedures /			
IN OUT N/O				IN	OUT N	I/O N/A	records)	)			
IN OUT N/O	Preventing Contamination Hands clean and properly washe			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or oked food			
IN OUT N/O	No bare hand contact with ready approved alternate method prope							Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities accessible			IN	OUT N	/O N/A	Pasteuri offered	ized foods used, prohibited foods not			
	Approved Sour							Chemical			
IN OUT	Food obtained from approved so Food received at proper tempera					N/A		Iditives: approved and properly used ubstances properly identified, stored and			
IN OUT N/O N/A				IN	OUT		used				
IN OUT	Food in good condition, safe and Required records available: shell							formance with Approved Procedures ince with approved Specialized Process		_	
IN OUT N/O N/A	destruction	0 /1		IN	OUT	N/A		CCP plan			
IN OUT N/A	Protection from Conta Food separated and protected	amination		The	letter to	the left of	f each iten	n indicates that item's status at the time	of the		
IN OUT N/A	Food-contact surfaces cleaned 8	sanitized			ection.						
	Proper dispesition of returned provid		IN = in compliance N/A = not applicable					OUT = not in compliance N/O = not observed			
IN OUT N/O	reconditioned, and unsafe food					Correcte	d On Site	R=Repeat Item			
	Good Retail Practices are prevent		OD RETAI			aens ch	emicals a	ind physical objects into foods			
IN OUT	Safe Food and Water		COS R		OUT	gene, en		Proper Use of Utensils	COS	R	
	urized eggs used where required and ice from approved source							operly stored nt and linens: properly stored, dried,			
Water						handled					
Adequ	Food Temperature Contr Late equipment for temperature cor			_			se/single- used prope	service articles: properly stored, used			
Adequate equipment for temperature contraction of temperature contraction o						Gioves t		ls, Equipment and Vending			
Thermometers provided and accurate							ood and nonfood-contact surfaces cleanable, prop				
Food Identification							designed, constructed, and used Warewashing facilities: installed, maintained, used; test etrine used				
Food properly labeled; original container											
Prevention of Food Contamination Insects, rodents, and animals not present				-	Physical Facilities Hot and cold water available; adequate pressure						
Conta	Contamination prevented during food preparation, storage							l; proper backflow devices		1	
and di Perso	isplay nal cleanliness: clean outer clothin	g, hair restraint.		_		Sewage	and wast	ewater properly disposed			
finger	Fingernails and jewelry           Wiping cloths: properly used and stored           Fruits and vegetables washed before use				Toilet facilities: properly co					1	
								operly constructed, supplied, cleaned roperly disposed; facilities maintained		+	
	· · · · · · · · · · · · · · · · · · ·						facilities i	installed, maintained, and clean		<u>t</u>	
Person in Charge /T	Title:						[	Date:			
Inspector:			Т	elepho	ne No.	EPH		Follow-up: Yes Follow-up Date:	١	No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S CO	PY	C	CANARY – FI		onow-up Date.		E6.37	



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

FOOD ESTABLISHMENT	PAGE 2 of	PAGE <sup>2</sup> of				
ESTABLISHMENT NAME	ADDRESS		CITY/ZI	D		
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	TEMP. ii	۱°F	
Code	PRIORITY I	TEMS			Correct by	Initia
Reference Priority items contribute directly to or injury. These items MUST REC	the elimination, prevention or reduction EIVE IMMEDIATE ACTION within 72	n to an acceptable level, haza	rds associate	d with foodborne illness	(date)	milia
Code Reference Core items relate to general sanita	CORE ITE tion, operational controls, facilities or s	MS	neneral maint	enance or sanitation	Correct by (date)	Initial
standard operating procedures (SS	SOPs). These items are to be correc	ted by the next regular insp	ection or as	stated.	(date)	
	EDUCATION PROVI	DED OR COMMENTS				
	EDUCATION PROVI	DED OR COMMENTS				
Person in Charge /Title:		DED OR COMMENTS		Date:		
Person in Charge /Title: MHW Win nspector: Katlyw Peceurt		DED OR COMMENTS	EPHS No.	Date: Follow-up:	Yes	Nc