

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										AILURE TO	COMPI	LY
ESTABLISHMENT	OWNER:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERSON IN CHARGE:						
ADDRESS:		ESTABLISHMENT NUM			NUMB	ER:	COUNTY:						
CITY/ZIP:		PHONE:		F	FAX:					P.H. PRIORITY:	Н	М	L
ESTABLISHMENT TYPE BAKERY	C. STORE CATE	RER DEI	1	•	G	ROCE	RY STOR	F	IN	STITUTION	MOBILE '	/ENDOE	25
RESTAURANT			MER F.P.			AVER				MP.FOOD	WOBILL	LINDOI	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other										
, ,	'	•	Other										
FROZEN DESSER Approved Dis	T sapproved Not Applicable	SEWAGE DISPOS PUBLI				I INIT		NON	COM	IMI INIITY	PRIVATI	=	
	Approved Not Applicable	_					NON-COMMUNITY PRIVATE Date Sampled Results Results						
License No		PRIVA								r			
		RISK FAC											
	preparation practices and emplo reaks. Public health intervention								ontrol	and Prevention as con	tributing fac	ors in	
Compliance	Demonstration of		COS	R		npliance			Р	otentially Hazardous Fo	oods	CC	OS R
IN OUT	Person in charge present, der	•			IN C) I IT	N/O N/A	Prope		king, time and tempera			
IN OUT	and performs duties Employee F	Joolth						Drope	r rob	eating procedures for h	ot holding		
IN OUT	Management awareness; poli			_			N/O N/A			ing time and temperatu			
IN OUT	Proper use of reporting, restrict						N/O N/A			nolding temperatures			
	Good Hygienic					TUC	N/A	Prope	r cold	holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking				IN (TUC	N/O N/A			marking and disposition		_	
IN OUT N/O	No discharge from eyes, nose	e and mouth			IN C	DUT	N/O N/A	record		ublic health control (pr	ocedures /		
	Preventing Contamin									Consumer Advisory			
IN OUT N/O	Hands clean and properly was	shed			IN (DUT	N/A			advisory provided for rand	aw or		
IN OUT N/O	No bare hand contact with rea approved alternate method pr								Hig	Highly Susceptible Populations			
IN OUT	Adequate handwashing faciliti accessible				IN C	DUT	N/O N/A	Paste		foods used, prohibited	foods not		
	Approved S	ource								Chemical			
IN OUT	Food obtained from approved				IN (DUT	N/A			ves: approved and prop		al .	
IN OUT N/O N/A	Food received at proper temp	erature			IN C	DUT		used	subst	ances properly identifie	ed, stored ar	a	
IN OUT	Food in good condition, safe a									nance with Approved F			
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction				IN (TUC	N/A	Compliance with approved Specialized Proces and HACCP plan			S			
	Protection from Co												
IN OUT N/A Food separated and protected						letter te ection.		f each if	em in	dicates that item's stati	us at the tim	e of the	
IN OUT N/A	Food-contact surfaces cleane				Порс	IN = in compliance OUT = not in compliance							
IN OUT N/O Proper disposition of returned, previously se				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item									
	reconditioned, and unsafe foo		OOD RETA	II PF	RACT					Tr Tropour nom			
	Good Retail Practices are preven						nogens, ch	emicals	, and	physical objects into fo	ods.		
IN OUT	Safe Food and Wa	ter	COS F	7	IN	OUT				er Use of Utensils		COS	R
	eurized eggs used where require	d								rly stored		-	
vvate	r and ice from approved source						handled		nent a	and linens: properly sto	rea, ariea,		
	Food Temperature Co	ontrol							le-ser	vice articles: properly s	tored, used		
	uate equipment for temperature	control		Ţ	二丁		Gloves						
	oved thawing methods used mometers provided and accurate	,					Food an	Uter d nonfo	isils, E	equipment and Vending ntact surfaces cleanab	le properly		
Inch	nometers provided and accurate	,					designe	d, const	ructed	d, and used			
	Food Identification	n					Warewa strips us		acilitie	s: installed, maintained	, used; test		
Food	properly labeled; original contain									aces clean			
lane e e	Prevention of Food Conta			_			Llot '	00ld ··		nysical Facilities	ouro		
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage		+	\dashv	Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices			sure					
and o	display onal cleanliness: clean outer clot			_						·		1	1
finge	rnails and jewelry									ater properly disposed			
	ng cloths: properly used and store and vegetables washed before			\dashv						rly constructed, supplie erly disposed; facilities			
Fruits	and vegetables wastied before	use		-						alled, maintained, and		+	
Person in Charge /	Title:	Tallows and	ı		J		, 5.00		Date				
Inspector:	Inspector: Manie FEIL Manie FEIL				phon	e No.	. EPH	S No.		ow-up:	Yes		No
Clanic of time									Foll	ow-up Date:			

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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ESTABLISHMEN [®]	T NAME	ADDRESS		CITY/ZII	0		
FO	OD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/ LOCATION			ON TEMP. i		ı ° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORIT elimination, prevention or reduc 'E IMMEDIATE ACTION within	Y ITEMS tion to an acceptable level, haza 72 hours or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial
							ん
							ル
Code		CORE	ITEMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities of	or structures, equipment design,	general maint pection or as	enance or sanitation stated.	(date)	
							ル
							ル
		EDUCATION PRO	OVIDED OR COMMENTS				
Person in Ch	narge /Title:	Tahana a a			Date:		
Inspector:	narge /Title: Sami C		Telephone No.	EPHS No.	Follow-up:	Yes	No
	"Wanu & Line	•	I		Follow-up Date:		



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ESTABLISHMEN	IT NAME	ADDRESS		CITY/ZI	P		
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION				ı°F
Code		PRIORITY I	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an acceptable level, haza hours or as stated.	ards associate	d with foodborne illness	(date)	
							ル
							ル
Code Reference	Core items relate to general sanitation	CORE ITE	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOF	Ps). These items are to be correct	ted by the next regular ins	pection or as	stated.	. ,	
		EDUCATION PROV	IDED OR COMMENTS				
Person in Ch	narge /Title:	74 A			Date:		
Inspector:	narge /Title: Sami	x machine	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
NO 500 4044 (0 40	warm / harm	DISTRIBUTION WHITE SHARES ON	DY CANADY FILE	L CODY	p =		E0.074