

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 ROUT	TINE I	NSPEC	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY T	HE REC	GULA	ILITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO		
			OWNER:	I THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD DWNER:						JD OF	PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT NUMB					NUMBI	ER:	COUNTY:		
CITY/ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISH BAKE RES			C. STORE CATER SCHOOL SENIO		ELI IMMER F	=.P.		GROCE AVERN	RY STOR	!E		ISTITUTION MOBILE SEMP.FOOD	VENDOF	RS
PURPOSE Pre-c	opening	9	Routine Follow-up	Complaint	Oth	ier								
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPO	LIC COMMUNITY NON-C							DMMUNITY PRIVATE Results			
Lic	cense N	lo		PRIVA RISK FA		AND	INITE	רו ירוי	TIONS	Date	Jan	Tresuits	·	
Dick facto	ve aro	food n	ronaration practices and employ							0250 Cr	ntrol	and Prevention as contributing fac	tore in	
foodborne	illness		eaks. Public health intervention	ns are control measur	es to pre	event fo	oodbor	ne illne	ss or injury					
Compliance			Demonstration of l		COS	R	+	mpliance		Dropo		otentially Hazardous Foods king, time and temperature	CC	DS R
IN OUT Person in charge present, demon and performs duties		•	'		IN	OUT	N/O N/A							
IN OUT			Employee H Management awareness; police				IN IN		N/O N/A			eating procedures for hot holding ing time and temperatures		
IN OUT Management awareness; policy p IN OUT Proper use of reporting, restriction						_		N/O N/A			holding temperatures			
Good Hygienic Pra							OUT	N/A			holding temperatures			
IN OUT N/O Proper eating, tasting, drinking of No discharge from eyes, nose at				-			N/O N/A			e marking and disposition bublic health control (procedures /				
IN 001 N/0			_		IN	001	N/O N/A	record	s)	Caracina Advisa mi				
Preventing Contamination IN OUT N/O Hands clean and properly washe					IN	OUT	JT N/A Consumer			Consumer Advisory advisory provided for raw or				
IN OUT N/O No bare hand contact with ready.		dy-to-eat foods or			1					ghly Susceptible Populations				
approved alternate method prop					I	IN OUT NO NIA Pasteuri			ırized	d foods used, prohibited foods not		+		
accessible					IN	IN OUT N/O N/A offered								
IN OUT Food obtained from approved so					IN	OUT	N/A	Food a	additi	Chemical ves: approved and properly used				
		Food received at proper temper			IN OUT			Toxic substances properly identified, stored an used		nd				
ů		Food in good condition, safe a									mance with Approved Procedures			
IN OUT N/O N/A Required records available: shell destruction		elistock tags, parasite	;		IN OUT N/A and HAC					e with approved Specialized Proces Piplan	SS			
			Protection from Co											
IN OUT		N/A	Food separated and protected				The letter to the left of each inspection.			f each it	em in	dicates that item's status at the tim	e of the	
IN OUT N/A Food-contact surfaces cleaned of							in complia			OUT = not in compliance N/O = not observed				
IN OUT N/O Proper disposition of returned, p reconditioned, and unsafe food				N/A = not app COS=Correct				cted On Site R=Repeat Item						
					OOD RE	TAIL I	PRACT	TICES						
IN O	UT		Good Retail Practices are preven		control the	e introd	duction	of path	ogens, ch	emicals,			COS	
IN O		Pasteu	Safe Food and Wat urized eggs used where required					001	In-use u	Proper Use of Utensils e utensils: properly stored			COS	R
	Water and ice from approved source							Utensils	sils, equipment and linens: properly stored, dried,					
	-		Food Temperature Co	ntrol					handled Single-u		e-ser	vice articles: properly stored, used		
			ate equipment for temperature							loves used properly Utensils, I				
-			ved thawing methods used ometers provided and accurate				-		Food an			Equipment and Vending intact surfaces cleanable, properly	_	
		11101111	·						designed, const		ructe	ed, and used		
			Food Identification						strips us	rips used onfood-contact surfa Phy		s: installed, maintained, used; test		
		Food p	properly labeled; original contain Prevention of Food Contain				-		Nonfood			aces clean nysical Facilities		
		Insects	s, rodents, and animals not pres									vailable; adequate pressure		
	Contamination prevented during food pre and display Personal cleanliness: clean outer clothing fingernails and jewelry Wiping cloths: properly used and stored		preparation, storage						oing installed; proper backflow devices ge and wastewater properly disposed					
			ning, hair restraint,					Sewage						
			ed			1		Toilet fa	cilities: r	rope	rly constructed, supplied, cleaned			
			and vegetables washed before						Garbage	e/refuse	prope	erly disposed; facilities maintained		
Person in	n Char	ne /T	tle ^/	1 .]	İ	1	I	Physica	ı tacilitie	s inst Dat	alled, maintained, and clean		
1 01301111	. Orial	gc / 1	musta & M	erten							_bat	<u> </u>		
Inspector	r:	1au	itte: Ghusta & M Nor Brader			Те	lepho	ne No.	PHE	S No.		ow-up: Yes ow-up Date:		No



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TON	TEMP. ii	n ° F	
Code		PRIORITY				Correct by	Initial	
Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	elimination, prevention or reduction of reduction E IMMEDIATE ACTION within 7	on to an acceptable level, haza 2 hours or as stated.	irds associate	d with foodborne illness	(date)		
							2	
							CM	
							cm	
							CM	
							C 100	
							CM	
Code		CORE IT	EMS			Correct by	Initial	
Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilities or s). These items are to be corre	structures, equipment design, cted by the next regular insp	general maint pection or as	enance or sanitation stated.	(date)		
							CM	
							cm	
							CM	
		EDUCATION PRO\	/IDED OR COMMENTS					
Person in Ch	arge /Title: /*/ 5 1	1			Date:			
Inspector:	arge /Title: Chusta & N Mula Bradu	Urtr	Telephone No.	PHES No.	Follow-up:	Yes	No	
// / / / /	10MaBiada		теверноне ио.		Follow-up Date:	103	110	



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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ii	n°F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORI e elimination, prevention or redu VE IMMEDIATE ACTION withi	TY ITEMS uction to an acceptable level, haza n 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
							CM	
							C.100	
							CM	
Code Reference	Core items relate to general sanitation	n, operational controls, facilities	E ITEMS or structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSO	Ps). These items are to be co	rrected by the next regular insp	ection or as	stated.		CM	
							CM	
							CM	
		EDUCATION PR	OVIDED OR COMMENTS					
		EDUCATION PR	OVIDED OR COMMENTS					
Person in Ch	narge /Title: Chusta & .	1.	OVIDED OR COMMENTS		Date:			
Person in Cr	narge/Title: Shusta & .	1.	COVIDED OR COMMENTS Telephone No.	PHES No.	Date: Follow-up: Follow-up Date:	Yes	No	