

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 R	OUTINE	INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS I	MAY BE	SPEC	IFIED	N WRI	TING BY 1	THE REGU	ACILITIES WHICH MUST BE CORRECT JLATORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NO ESTABLISHMENT NAME: OWNER:				OWNER:							PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT					NUMBER	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L	
B R	ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTE				DELI GROCERY STOR ER SUMMER F.P. TAVERN					RE INSTITUTION MOBILE VENDORS TEMP.FOOD				
PURPO:	SE re-openi	ng	Routine Follow-up	Complaint	nplaint Other									
FROZEN DESSERT Approved Disapproved Not Applicable					WAGE DISPOSAL WATER SUPPLY COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results				
Ī	License	No	<u> </u>	PRIV		AND	INITE		TIONO	Date 3	Manipieu Results			
Diek fe	-4	o food n	properation proctions and ample	RISK FAC						aaaa Can	tral and Drayantian as sontributing facts	ro in		
			preparation practices and employ eaks. Public health interventio								trol and Prevention as contributing factor	rs in		
Complia	nce		Demonstration of					Compliance			Potentially Hazardous Foods	COS	S R	
IN O	UT		Person in charge present, demonstrates knowledge, and performs duties				IN OUT N/O N/A			Proper cooking, time and temperature				
INI -			Employee H								reheating procedures for hot holding			
	<u>UT</u> UT		Management awareness; police Proper use of reporting, restrict				IN OUT N/O N/A IN OUT N/O N/A				cooling time and temperatures not holding temperatures	-		
			Good Hygienic F	Practices				OUT	N/A	Proper of	cold holding temperatures			
	UT N/O		Proper eating, tasting, drinking No discharge from eyes, nose			_	IN	IN OUT N/O N/A Pro			date marking and disposition	_		
IN O	UT N/C)	,				IN	OUT	N/O N/A	records)				
IN O	Preventing Cont IN OUT N/O Hands clean and properly					+	IN OUT N/A				Consumer Advisory ner advisory provided for raw or		_	
IN O	UT N/C	١	No bare hand contact with rea	dy-to-eat foods or			1			underco	oked food Highly Susceptible Populations		_	
		,	approved alternate method properly followed Adequate handwashing facilities supplied &							Pasteurized foods used, prohibited foods not			_	
IN O	IN OUT		accessible				IN OUT N/O N/A			offered				
IN O	IN OUT		Approved Source Food obtained from approved source			-	IN OUT N/A			Food ad	Chemical Iditives: approved and properly used		_	
IN OUT N/O N/A		O N/A	Food received at proper temperature							Toxic substances properly identified, stored and used				
IN OUT			Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite								formance with Approved Procedures			
IN O	IN OUT N/O N/A		destruction				IN OUT N/A		N/A	Compliance with approved Specialized Process and HACCP plan				
	Protection from Cor			mination										
IN O	IIV OO! IV/A		Food separated and protected				The letter to the left of each item indicates that item's status at the timinspection.					of the		
IN O	IN OUT N/A		Food-contact surfaces cleaned & sanitized				. IN = in compliance							
IN o	IN OUT N/O		Proper disposition of returned, previously served, reconditioned, and unsafe food						= not appl S=Correcte		N/O = not observed R=Repeat Item			
			reconditioned, and ansare look		OOD RE	TAIL	PRACT				aproximation and the second			
	,		Good Retail Practices are preven						nogens, ch		· · · · · · · · · · · · · · · · · · ·			
IN	OUT Paste		Safe Food and Wat urized eggs used where required		COS	R	IN	OUT	In-use u		Proper Use of Utensils operly stored	cos	R	
			and ice from approved source	•					Utensils	ls, equipment and linens: properly stored, dried,			1	
			Food Temperature Co	ntrol			+		handled Single-				-	
		Adequ	uate equipment for temperature	control			1			used prop	erly		+	
	Appro		ved thawing methods used						F	Utensi	ls, Equipment and Vending		1	
			nometers provided and accurate								d-contact surfaces cleanable, properly cted, and used			
			Food Identification	1					Warewa strips us		lities: installed, maintained, used; test			
		Food properly labeled; original contained							d-contact surfaces clean			+		
		Innoct	Prevention of Food Conta				-		Listand	aald wata	Physical Facilities		_	
-		Insects, rodents, and animals not prese Contamination prevented during food p					1				er available; adequate pressure d; proper backflow devices	 	+-	
	and display		splay				1						1	
fingernails and Wiping cloths:		finger	nails and jewelry	al cleanliness: clean outer clothing, hair restraint,					Sewage	and wast	ewater properly disposed		1	
		Wiping	g cloths: properly used and store	d							operly constructed, supplied, cleaned		1	
	Fruits ar		and vegetables washed before	use			1				roperly disposed; facilities maintained installed, maintained, and clean		+	
Perso	n in Ch	arge /T	itle: 71,7			<u> </u>		<u> </u>	, ilysica		Date:			
														
Insped	ctor:	an I	7 Lilyayan (9) V	way		Te	iepho	ne No	. EPH		Follow-up: Yes Follow-up Date:	١	No	



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

PAGE 2 of

ESTABLISHMEN'	T NAME	ADDRESS			CITY/ZII	CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
							Correct by	Initial	
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.								
Codo			ADE ITEMS				Correct by	Initial	
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.								
				R COMMENTS				NR	
		EDUCATION	PROVIDED O	K COMMENTS					
Person in Charge /Title: Date:									
Inspector: Telephone No. EPHS No. Follow-up: Follow-up Date:							Yes	No E6.37A	