

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

TIME IN	TIME OUT					
DATE	PAGE 1 of					

		CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF										FAILURE TO	COMPL	Y
ESTABLISH	TABLISHMENT NAME: OWNER:				WAT RESELT IN SESSITION OF TOOM TOO					PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP:	CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY :	Н	М	L	
			ELI UMMER F.P.		GROCERY STOR TAVERN			Ē		STITUTION MP.FOOD	MOBILE V	ENDOR:	S	
PURPOSE Pre-open		SCHOOL SENIC				1.		N		1 51	WIF.FOOD			
FROZEN DE	SSERT	<u> </u>	SEWAGE DISPO		WAT	ER S	UPPL\							
Approved Disapproved Not Applicable PUBL License No. PRIV.				C					MUNITY pled	PRIVATE Results				
LICCIO		<u> </u>	RISK FAC		AND	INTE	RVEN	TIONS						
		oreparation practices and emplo eaks. Public health intervention								ontrol a	and Prevention as cor	ntributing fact	ors in	
Compliance	SS OULDI	Demonstration of		COS						Po	Potentially Hazardous Foods			S R
IN OUT	Person in charge present, demonstrate					IN (	OUT	N/O N/A	Prope		ing, time and tempera			
114 001		and performs duties  Employee F	- Health						Prone	er rehe	eating procedures for l	hot holding		
IN OUT		Management awareness; poli				IN OUT N/O N/A IN OUT N/O N/A				Proper reheating procedures for hot holding Proper cooling time and temperatures				
IN OUT		Proper use of reporting, restri				-		N/O N/A			olding temperatures			
IN OUT N/C	)	Good Hygienic Proper eating, tasting, drinking					<u>OUT</u> OUT	N/A N/O N/A			holding temperatures marking and dispositi		_	
IN OUT N/O		No discharge from eyes, nose						N/O N/A			ublic health control (pr			
114 001 1470		Di Oti-	ation builtends			IIN '	OUT	IN/O IN/A	recor	ds)	O Advi			
IN OUT NO		Preventing Contamin Hands clean and properly was					O	21/2	Cons	umer a	Consumer Advisory advisory provided for re			
IN OUT N/C		No bare hand contact with rea				IIN	OUT	undercool						
IN OUT N/C	)	approved alternate method pr	operly followed											
IN OUT Adequate handwashing facilities supplied accessible						offered				foods used, prohibite	d foods not			
Approved Source										Chemical				
IN OUT N/	Food obtained from approved source  N/O N/A Food received at proper temperature					IN OUT N/A		N/A	Food Toxic	substa	res: approved and pro ances properly identific	perly used ed. stored an	d	
	O IN/A					IN	001		used					
IN OUT Food in good condition, safe and unadult Required records available: shellstock ta					Compliano				nance with Approved I with approved Specia		3			
IN OUT N/	O N/A	destruction				IIN	001	N/A		HACCP				
IN OUT	Protection from Contamination  N OLIT N/A Food separated and protected					The	letter to	o the left of	each i	tem inc	dicates that item's stat	tus at the time	of the	
IN OUT	N/A Food-contact surfaces cleaned & sanitized				inspection.  IN = in compliance  OUT = not in compliance									
IN OUT N/O Proper disposition of returned, previously served,					N/A = not applicable N/O = not observed									
114 001 14/0	,	reconditioned, and unsafe foo		OOD RE	ΤΔΙΙ Ε	PRACT		S=Corrected	d On S	ite	R=Repeat Item			
		Good Retail Practices are prev						nogens, che	emicals	s, and p	ohysical objects into fo	oods.		
IN OUT		Safe Food and Water			R	IN	OUT		Proper Use of Utensils			cos	R	
		urized eggs used where require and ice from approved source	d						utensils: properly stored  ls, equipment and linens: properly stored, dried,					
		Food Temperature Co	ontrol					handled Single-us	se/sina	lle-serv	rice articles: properly s	stored used	1	1
	Adequ	uate equipment for temperature						Gloves u	sed pr	operly	' ' '	•		
		ved thawing methods used						F			quipment and Vendin			
	Inerm	nometers provided and accurate	)						and nonfood-contact surfaces cleanable, properled, constructed, and used			oie, properiy		
		Food Identification Vs sproperly labeled; original container						Warewas	ewashing facilities: installed, maintained, used; te			d, used; test		
	Food				onfood-contact surfaces clean									
		Prevention of Food Contamination									ysical Facilities			
		ets, rodents, and animals not present amination prevented during food preparation, storage									ailable; adequate pres oper backflow devices		-	1-
	and di	display						· ·			·			
		onal cleanliness: clean outer clothing, hair restraint, rnails and jewelry						Sewage	/age and wastewater properly disposed					
	Wiping	ng cloths: properly used and stored				Toilet facilities: properly constructed, supplied, cleaned								
		and vegetables washed before						Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean					1	
Person in Ch	arge /T	itle: // ( / /				I		Physical	iacilitie	Date		ciean		1
		I TI NIN V NOVO			Tal	lonha	ne No.	EPHS	2 No	Eall-	ow-up:	Yes	<b>.</b>	Jo
Inspector:	Zil	itle: Nim Vim — Jayla Biady								Follo	ow-up: ow-up Date:	168		VО
MO 580-1814 (9-13)		11	DISTRIBUTION: WHITE	E – OWNER'	S COPY			CANARY - FIL	E COPY					E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



## 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			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reductive IMMEDIATE ACTION within 7	on to an acceptable level, haza	ırds associate	d with foodborne illness	Correct by (date)	Initial	
							MW	
							mW mW	
							MW	
Code		CORE IT	rems			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or	structures, equipment design,	general maint pection or as	enance or sanitation stated.	(date)		
							MW	
		EDUCATION PRO	VIDED OR COMMENTS					
Person in Ch	arge /Title: M.M. V./ M/N	,			Date:			
Inspector:	arge /Title: Mm W.mn Z. / payla Binary	2	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	