

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

TIME IN	TIME OUT
DATE	PAGE 1 of

	IE LIMITS	CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF NAME:											COMPL	Y
ADDRESS:	SS: ESTA			ABLISI	LISHMENT NUMBER: COUNTY:									
CITY/ZIP:			PHONE:			FAX:	AX: P.H. PRIORITY :			Н	М	L		
ESTABLISHME BAKER' RESTAI	Y	C. STORE CATE SCHOOL SENIO		ELI MMER F.F	· ·		ROCE AVERN	RY STORE	E		ISTITUTION EMP.FOOD	MOBILE V	'ENDOR	S
PURPOSE Pre-ope		Routine Follow-up		Other										
FROZEN DI Approved		approved Not Applicable	SEWAGE DISPOS PUBL	-			JPPLY IUNIT				IMUNITY	PRIVATE		
Licens	se No		PRIVA RISK FAC	l l	NID II	NITE	)\ /⊏\ I ]	TIONS	Date	Sam	pled	Results		
Risk factors	are food r	preparation practices and emplo							ease C	ontrol	and Prevention as cor	ntributing fact	ors in	
foodborne illn		eaks. Public health intervention	ons are control measur	es to preve	ent foc	odbori	ne illnes	ss or injury.						
Compliance		Demonstration of		COS	R				Potentially Hazardous Foods		CO	S R		
IN OUT		Person in charge present, der and performs duties	<b>3</b> ,			IN (	1 TUC	N/O N/A	Prope	er cook	king, time and tempera	ature		
IN OUT		Employee H						N/O N/A			eating procedures for I			
IN OUT		Management awareness; poli Proper use of reporting, restri				IN (		N/O N/A			ing time and temperate holding temperatures	ures		
IN OUT N	/O	Good Hygienic Proper eating, tasting, drinkin				IN	OUT	N/A			holding temperatures			
IN OUT N		No discharge from eyes, nose						N/O N/A N/O N/A	Time	as a p	marking and disposition marking and disposition marking and disposition marking and marking marking marking and disposition marking and di			
114 001 14	,,,	Preventing Contamin	ation by Hands			IIN (	101 1	N/O IN/A	recor	ds)	Consumer Advisory			
IN OUT N	/O	Hands clean and properly was				IN	OUT	N/A			advisory provided for r			
		No bare hand contact with rea	adv-to-eat foods or						unde		ed food ghly Susceptible Popul	lations		
IN OUT N	/0	approved alternate method pr	operly followed											
IN OUT		Adequate handwashing facilit accessible	ies supplied &			IN (	1 TUC	N/O N/A Pasteurized foods used, prohibited foods r		d foods not				
IN OUT		Approved S					OUT	21/4	Chemical					
IN OUT N	I/O N/A	Food obtained from approved Food received at proper temp				IN (	TUC	N/A	N/A Food additives: approved and properly used  Toxic substances properly identified, stored a			d		
IN OUT	11//	Food in good condition, safe	and unadultorated			IIN	JU 1		used	`onforr	mance with Approved I	Procedures		
	1/O N//A	Required records available: s				Conformance with Approved Proce IN OUT N/A Compliance with approved Specialized			3					
IN OUT N	I/O N/A	destruction  Protection from Co	ntamination	_		IIN	001	N/A	and F	HACCE	plan			
IN OUT	N/A	Food separated and protected				The	letter to	the left of	each i	tem in	dicates that item's stat	tus at the time	e of the	
IN OUT	N/A	Food-contact surfaces cleane	d & sanitized			insp	ection.	in complia	nco		OUT = not in complia	nco		
IN OUT N		Proper disposition of returned					N/A	= not applic	cable		N/O = not observed	ince		
114 OO1 N	70	reconditioned, and unsafe foo		OOD RETA	AII DI	DACT		=Corrected	d On S	lite	R=Repeat Item			
		Good Retail Practices are prev						ogens, che	emicals	s, and	physical objects into fo	oods.		
IN OUT		Safe Food and Wa		COS	R	IN	OUT				er Use of Utensils		COS	R
		urized eggs used where require and ice from approved source	d								erly stored and linens: properly sto	ored, dried.		
								handled			,	,		
	Adequ	Food Temperature Co late equipment for temperature						Gloves u			vice articles: properly s	stored, used		
		ved thawing methods used						Fand and	Ute	nsils, E	Equipment and Vendin	g		
	rnerm	nometers provided and accurate	•								ntact surfaces cleanab d, and used	oie, properly		
		Food Identificatio	n							acilitie	s: installed, maintained	d, used; test		
	Food	properly labeled; original contai							strips used Nonfood-contact surfaces clean					
	Insect	Prevention of Food Conta s, rodents, and animals not pre-						Hot and	cold w		nysical Facilities vailable; adequate pres	ceuro		
	Conta	mination prevented during food			1						oper backflow devices			
	and di Perso	splay nal cleanliness: clean outer clot	hing, hair restraint					Sewage	and w	astewa	ater properly disposed			
	finger	nails and jewelry						ŭ						
		g cloths: properly used and stor and vegetables washed before									rly constructed, supplicerly disposed; facilities			
		•								es inst	alled, maintained, and			
Person in C	narge /T	itie:								Date	e:			
Inspector:	7	Man &	7		Tele	ephor	ne No.	EPHS	S No.		ow-up: ow-up Date:	Yes	١	No
MO 580-1814 (9-1	3)	<del></del>	DISTRIBUTION: WHITE	- 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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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII	P		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F	
Code		PRIORITY	ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction <b>E IMMEDIATE ACTION within 7</b> .	on to an acceptable level, haza  2 hours or as stated.	ards associate	d with foodborne illness	(date)	
Code		CORE IT	EMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or s). These items are to be corre	structures, equipment design, cted by the next regular ins	general maint pection or as	enance or sanitation stated.	(date)	
		EDUCATION DE C	UDED OD COMMENTS				
		EDUCATION PROV	IDED OR COMMENTS				
Person in Ch	arge /Title:	- <i>P</i>			Date:		
Inspector:	# ST 1	<b>—</b>	Telephone No.	EPHS No.	Follow-up:	Yes	No
opeotor.	Mhain F.		reiephone No.		Follow-up Date:	. 00	140



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

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ESTABLISHMENT NAME		ADDRESS		CITY/ZIF	CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/			LOCATION		TEMP. in ° F	
Code Reference	Priority items contribute directly to the e or injury. <b>These items MUST RECEIVE</b>	PRIC elimination, prevention or r E IMMEDIATE ACTION w	ORITY ITEMS eduction to an acceptable level, haza ithin 72 hours or as stated.	rds associated	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facili	DRE ITEMS ties or structures, equipment design, corrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			PROVIDED OR COMMENTS					
		EDUCATION	PROVIDED OR COMMENTS					
Person in Ch	Person in Charge /Title: Date:							
Inspector:	Many	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



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Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, faciliti	PRE ITEMS ies or structures, equipment design, corrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			PROVIDED OR COMMENTS					
		EDUCATION	- KONIDED OK COMMEN 12					
Person in Ch	Person in Charge /Title: Date:							
Inspector:	Mhairf	DISTRIBUTION: WHITE - OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



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FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT/ LOCATION	TEMP. in ° F
Code PRIORITY ITEMS	Correct by Initial
Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodboor injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	orne illness (date)
Code CORE ITEMS	Correct by Initial
Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sa standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>	anitation (date)
EDUCATION PROVIDED OR COMMENTS	
Person in Charge /Title:	
Inspector: Telephone No.   EPHS No.   Follow-up   Foll	o: Yes No o Date: