

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 | DUTINE | INSPE | CTION, OR SUCH SHORTER P | ERIOD OF TIME AS I | MAY BE | SPEC | IFIED | IN WRI | TING BY 1 | HE RE | GULA | ILITIES WHICH MUST BE CORRECTIONS DEBATIONS | | |
|--|----------------------------------|----------|--|--|---------------|----------------------|---|----------------|------------------------------|--|---|--|--------|-----|
| | | | OWNER: | E MAY RESULT IN CESSATION OF YOUR FOOD | | | | | <u>OK FOC</u> | JD OF | PERSON IN CHARGE: | | | |
| ADDRESS: | | | | | | ESTABLISHMENT NUMBER | | | | ER: | : COUNTY: | | | |
| CITY/ZIP: PHO | | | PHONE: | PHONE: FAX: | | | | | P.H. PRIORITY: H | М | L | | | |
| B. | ISHMENT AKERY ESTAUF | | C. STORE CATER SCHOOL SENIO | | ELI MMER F | =.P. | | GROCE AVERN | ERY STOR | !E | | ISTITUTION MOBILE V | ENDOR | kS |
| PURPO: | SE re-openi | ng | Routine Follow-up | Complaint | Oth | er | | | _ | | | | | |
| | | | SEWAGE DISPOS | - | | | | | | | DMMUNITY PRIVATE mpled Results | | | |
| | License | No | | PRIV | | AND | INITE | D) /ENI | TIONO | Date | Jan | ipieu ivesuits | | |
| Dick fo | otoro or | o food r | proporation practices and employ | RISK FAC | | | | | | 0000 C | ontrol | and Prevention as contributing factor | ro in | |
| | | | eaks. Public health interventio | | es to pre | event fo | oodbor | ne illne | ss or injury | | JIIII OI | and Prevention as contributing factor | | |
| Complia | nce | | Demonstration of I | | COS | S R | Со | mpliance | 9 | Descrip | | otentially Hazardous Foods | СО | S R |
| IN O | JT | | Person in charge present, den and performs duties | • | | | IN | OUT | N/O N/A | Prope | r coo | king, time and temperature | | |
| INI a | | | Employee H | | | | _ | | N/O N/A | | | eating procedures for hot holding | | |
| IN O | UT IT | | Management awareness; police Proper use of reporting, restrice | | - | - | | | N/O N/A N/O N/A | | | ling time and temperatures holding temperatures | | _ |
| | | | Good Hygienic F | | | | | OUT | N/A | | | holding temperatures | | |
| IN O | JT N/O |) | Proper eating, tasting, drinking | | | | IN | OUT | N/O N/A | | | e marking and disposition | | |
| IN O | UT N/C |) | No discharge from eyes, nose | and mouth | | | IN | OUT | N/O N/A | record | | public health control (procedures / | | |
| | | | Preventing Contamina Hands clean and properly was | | | - | | | | Conci | ımor | Consumer Advisory advisory provided for raw or | | |
| IN O | UT N/O | | | | | | IN | undercoc | | cooke | ked food | | | |
| IN OUT N/O No bare hand contact with ready- approved alternate method prope | | | | | | | | Hi | ghly Susceptible Populations | | | | | |
| IN O | Adagusta handurashing facilities | | | | | IN | IN OUT N/O N/A Pasteurize offered | | | d foods used, prohibited foods not | | | | |
| IN O | | | Approved So | | | | I | OUT | | | | Chemical | | |
| IN OUT Food obtained from approved sour | | | | | | OUT | N/A | | | ves: approved and properly used ances properly identified, stored and | ı | \dashv | | |
| IN OUT INO INA | | | | | IN OUT | | | used | | | | | | |
| | | | Food in good condition, safe a Required records available: sh | | | | IN OUT | | | Conformance with Approved Procedures Compliance with approved Specialized Proces | | | | _ |
| IN O | JT N/C |) N/A | destruction | -4 | _ | | IIN | OUT | N/A | | | o plan in the control of the control | | |
| IN 01 | IT | | Protection from Co Food separated and protected | | | - | The | letter t | o the left o | f each it | om in | idicates that item's status at the time | of the | |
| IN O | | N/A | Food-contact surfaces cleaned | | | _ | The letter to the left of each item indicates that item's state inspection. | | | | idicates that item s status at the time | or title | | |
| IN O | JT | N/A | | | | | IN = in compliance N/A = not applicable | | | | | OUT = not in compliance N/O = not observed | | |
| IN O | UT N/C |) | Proper disposition of returned, reconditioned, and unsafe food | | | | | | = not appi S=Correcte | | te | R=Repeat Item | | |
| | | | , | | OOD RE | ETAIL I | PRAC ¹ | TICES | | | | | | |
| | | | Good Retail Practices are preven | | | | - | | nogens, ch | emicals | | | | |
| IN | OUT | Paste | Safe Food and Wat urized eggs used where required | | cos | R | IN | OUT | In-use u | tensils: | | per Use of Utensils erly stored | COS | R |
| | | | and ice from approved source | <u>'</u> | | | | | | | | and linens: properly stored, dried, | | + |
| | | | Food Temperature Co | ntrol | | | - | | handled | | 0-00 | vice articles: properly stored, used | | - |
| | | Adequ | iate equipment for temperature of | | | | 1 | | Gloves | used pro | perly | , | | + |
| | | Appro | ved thawing methods used | | | | | | | Uten | sils, l | Equipment and Vending | | |
| | | Therm | nometers provided and accurate | | | | | | | | | ontact surfaces cleanable, properly d, and used | | |
| | | | Food Identification | | | | 1 | | Warewa | shing fa | | s: installed, maintained, used; test | | 1 |
| | | Food | properly labeled; original contain | er | | | | | Strips us | | t surf | aces clean | | + |
| | | | Prevention of Food Contain | mination | | | | | | | Pl | nysical Facilities | | |
| | | | s, rodents, and animals not pres mination prevented during food | | | | 1 | | | | | vailable; adequate pressure roper backflow devices | | + |
| | | and di | splay | , , | | | | | Piumbin | y mstall | eu; p | | | |
| | | | nal cleanliness: clean outer cloth | ning, hair restraint, | | | | | Sewage | and wa | stewa | ater properly disposed | | |
| | | | nails and jewelry g cloths: properly used and store | :d | | | 1 | | Toilet fa | cilities: ı | orope | rly constructed, supplied, cleaned | | + |
| | | | and vegetables washed before | | | | | | Garbage | e/refuse | prop | erly disposed; facilities maintained | | |
| _ | - 1. 61 | | . 17 | | | | | | Physica | l facilitie | | alled, maintained, and clean | | |
| Perso | n in Ch | arge /T | itie: | \leftarrow | | | | | | | Dat | e: | | |
| Inspec | ctor: | m | lance / Z | 7 | | Те | lepho | ne No. | . EPH | S No. | | ow-up: Yes ow-up Date: | 1 | 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 | 0 | | |
|-------------------|--|---|---|----------------|--------------------------|-------------------|---------|
| FO | OD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODU | JCT/ LOCAT | LOCATION | | n ° F |
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| Code | | PRIORIT | Y ITEMS | | | Correct by | Initial |
| Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or reduct 'E IMMEDIATE ACTION within | ion to an acceptable level, haza 72 hours or as stated. | ırds associate | d with foodborne illness | (date) | |
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| Code Reference | Core items relate to general sanitation | CORE I | r structures, equipment design, | general maint | enance or sanitation | Correct by (date) | Initial |
| | standard operating procedures (SSOF | 's). These items are to be corr | ected by the next regular insp | ection or as | stated. | | 0 4 |
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| Person in Ch | narge /Title: | 0 | | | Date: | | |
| Inspector: | Take a | | Telephone No. | EPHS No. | Follow-up: | Yes | No |
| opeotor. | Mlanif Lil | | i diopriorie 140. | | Follow-up Date: | | 140 |



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 3 of

| ESTABLISHMENT NAME | | ADDRESS | | CITY/ZII | CITY/ZIP | | | |
|--------------------|--|--|--|----------------|-------------------------------|--------------|---------|--|
| FO | OD PRODUCT/LOCATION | TEMP. in ° F | TEMP. in ° F FOOD PRODUCT/ | | | TEMP. in ° F | | |
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| Code | | PRIORITY | ITEMS | | | Correct by | Initial | |
| Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or reduction E IMMEDIATE ACTION within 7 | on to an acceptable level, haza 2 hours or as stated. | ards associate | d with foodborne illness | (date) | | |
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| Code Reference | Core items relate to general sanitation | CORE IT | EMS | goneral maint | congress or agnitation | Correct by | Initial | |
| Reference | standard operating procedures (SSOP | s). These items are to be corre | cted by the next regular ins | pection or as | stated. | (date) | | |
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| | | EDUCATION PROV | IDED OR COMMENTS | | | | | |
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| Person in Ch | narge /Title: | -P | | | Date: | | | |
| Inspector: | Mlane J. I | | Telephone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No | |



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

PAGE 4 of

| ESTABLISHMEN | T NAME | ADDRESS | | CITY /ZIF | D. | | |
|--------------------|---|--|--|---------------|------------------------------|-------------------|---------|
| FOO | OD PRODUCT/LOCATION | TEMP. in ° F | TEMP. in ° F FOOD PRODUCT/ | | | TEMP. in ° F | |
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| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEI | PRIO e elimination, prevention or re VE IMMEDIATE ACTION wit | PRITY ITEMS eduction to an acceptable level, haza thin 72 hours or as stated. | rds associate | d with foodborne illness | Correct by (date) | Initial |
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| Code Reference | Core items relate to general sanitatio standard operating procedures (SSO | n, operational controls, faciliti | RE 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 | | | | M |
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| Person in Ch | narge /Title: | [| | | Date: | | |
| Inspector: | 7 | | Telephone No. | EPHS No. | Follow-up: | Yes | No |
| MO 580-1814 (9-13) | Milanut Zil | DISTRIBUTION: WHITE – OWN | ER'S COPY CANARY – FILE C | | Follow-up Date: | | E6.37A |