

## 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 ROUTINE INSPEC	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER P FOR CORRECTIONS SPECIFI	ERIOD OF TIME AS MA	AY BE SPEC	IFIED I	N WRIT	ING BY 1	HE REGUL	ATORY AUTHORITY. F				
ESTABLISHMENT	OWNER:	THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD O WNER:					PERSON IN CHARGE:					
ADDRESS:		ESTABLISHMENT NUMBER			NUMBER:	COUNTY:						
CITY/ZIP:	PHONE:	PHONE: FAX:					P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIO		l MER F.P.		ROCE	RY STOR		NSTITUTION EMP.FOOD	MOBILE	VENDOF	RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable License No			COMMUNITY NON-CC				OMMUNITY PRIVATE ampled Results					
		RISK FAC										
	preparation practices and employ eaks. Public health intervention							I and Prevention as cont	ributing fac	tors in		
Compliance	Demonstration of k	0	COS F	R Con	npliance			Potentially Hazardous Fo		CC	S R	
IN OUT	Person in charge present, dem and performs duties	onstrates knowledge,		IN C	DUT N	I/O N/A	Proper coc	oking, time and temperat	ure			
	Employee H			IN C	-	I/O N/A		heating procedures for h	<u> </u>			
IN OUT IN OUT	Management awareness; polic Proper use of reporting, restric							poling time and temperatures of holding temperatures				
	Good Hygienic F	Practices		IN (	JUT	N/A	Proper col	d holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose				I TUC		Proper date marking and disposition Time as a public health control (procedure					
IN OUT N/O				IN C	N TUC	N/O N/A	records)			_		
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN (	DUT	N/A	Consumer undercook	Consumer Advisory advisory provided for ra				
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						ighly Susceptible Popula	ations				
IN OUT	Adequate handwashing facilitie			IN C	DUT N	I/O N/A		d foods used, prohibited	foods not			
	accessible Approved Sc	urce					offered	Chemical				
IN OUT	Food obtained from approved			IN (	DUT	N/A		tives: approved and prop				
IN OUT N/O N/A	Food received at proper tempe			IN (	DUT		used	stances properly identifie		na		
IN OUT	OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite			Complian		rmance with Approved P e with approved Special						
IN OUT N/O N/A	destruction Protection from Con	0,11		IN (	JUT	N/A	and HACC		1200110000	55		
IN OUT N/A	Food separated and protected	Itamination		The	letter to	the left o	f each item i	ndicates that item's statu	is at the tim	e of the		
IN OUT N/A				inspection.								
Proper disposition of returned, previously served				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O	reconditioned, and unsafe food					=Correcte	ed On Site	R=Repeat Item				
	Good Retail Practices are preve		OD RETAIL			ogens ch	emicals and	housical objects into for	ods			
IN OUT	Safe Food and Wate		COS R	IN	OUT	ogens, en		per Use of Utensils	503.	COS	R	
	urized eggs used where required and ice from approved source						tensils: prop	erly stored and linens: properly stor	od dried			
vvalei	and ice norn approved source					handled		and intens. property stor	eu, uneu,			
Adagu	Food Temperature Co							rvice articles: properly st	tored, used			
Adequate equipment for temperature control Approved thawing methods used						Gloves	used properl Utensils,					
Thermometers provided and accurate							d nonfood-c					
	Food Identification							ed, and used es: installed, maintained,	, used; test			
						strips us		faces aloon		_	_	
Food properly labeled; original container Prevention of Food Contamination						NOTIOOC	<u>l-contact sur</u> F					
Insects, rodents, and animals not present					Physical Facilities Hot and cold water available; adequate pressure							
Contamination prevented during food preparation, storage and display						Plumbin	g installed; p	proper backflow devices				
Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and wastew	ater properly disposed				
fingernails and jewelry Wiping cloths: properly used and stored				Toilet facilities: pror				perly constructed, supplied, cleaned				
Fruits and vegetables washed before use							arbage/refuse properly disposed; facilities maintained					
Person in Charge /T	ïtle:	$\overline{\mathcal{A}}$	<u> </u>			Physica		talled, maintained, and o te:	liean			
	thet						Da					
Inspector:	7. Mantantin	S	Te	elephor	e No.	EPH		llow-up: llow-up Date:	Yes		No	
MO 580-1814 (9-16)	$\sim \sim \sim \sim ~ // \sim ~ / ~ /$	DISTRIBUTION: WHITE -	OWNER'S COP	Y	(	CANARY – F		now-up Date.			E6.37	



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T Name of the second se	DOD ESTABLISHMENT IN	SPECTION REPORT			PAGE <sup>2</sup> of		
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF	)		
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION			TEMP. in ° F	
Code		PRIORITY II	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	n to an acceptable level, hazar hours or as stated.	rds associated	I with foodborne illness	(date)	
							M
							M
Code		CORE ITE	.MC			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or st	tructures, equipment design, c	general mainte ection or as	enance or sanitation stated.	(date)	mua
							M
							M
							M
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:	$\overline{\mathcal{O}}$			Date:		
Inspector:		<b>†</b>	Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-43)	ZZ: L Mayon	DISTRIBUTION: WHITE - OWNER'S COP			Follow-up Date:		E6.37A



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FOOD ESTABLISHMENT INSPECTION REPORT					PAGE <sup>3</sup> of			
ESTABLISHMENT NAME ADDRESS CITY /ZIP								
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/ L			ON	TEMP. ii	n ° F	
Code		PRIORITY II	TEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	elimination, prevention or reduction	to an acceptable level, hazard hours or as stated.	ds associated	I with foodborne illness	(date)	millar	
Code Reference	Core items relate to general sanitation	n, operational controls, facilities or st	tructures, equipment design, a	eneral mainte	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOI	-S). These items are to be correct	ted by the next regular inspe	ection or as s	stated.		M	
							NE	
			DED OR COMMENTS					
			DED OR COMMENTS					
Person in Ch	arge /Title:				Date:			
Inspector:	77. Man Init	Plank	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
MO 580-1814 (9-13		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE CO	PY			E6.37A	