

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								ULATORY AUTHORITY. FAILURE TO OPERATIONS.	COMPL	Y		
	IMENT NAME: OWNER:					ET IN GEOGRAPHON OF TOOM TOO				PERSON IN CHARGE:				
ADDRESS:	ADDRESS:					ESTABLISHMENT NUMBER			NUMBE	R: COUNTY:				
CITY/ZIP:		PHONE:				FAX:				P.H. PRIORITY: H	М	L		
ESTABLISHMEN BAKERY		C. STORE CATER			D.			RY STOR	lΕ	INSTITUTION MOBILE V	ENDOR	S		
PURPOSE Pre-open		SCHOOL SENIO Routine Follow-up	R CENTER SUI	MMER F. Othe			AVERN	N		TEMP.FOOD				
FROZEN DE Approved		approved Not Applicable	SEWAGE DISPOS	SAL	WAT	ER S	UPPL'		NON C	COMMUNITY PRIVATE				
License		approved Not Applicable	PUBLI PRIVA	_	(COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results								
			RISK FAC	TORS	AND	INTE	RVEN	TIONS						
										ntrol and Prevention as contributing factor	ors in			
Compliance	SS OULDI	eaks. Public health intervention Demonstration of		COS	R					Potentially Hazardous Foods	CO	S R		
IN OUT		Person in charge present, der				IN (OUT	N/O N/A	Proper	cooking, time and temperature				
114 001		and performs duties Employee H	lealth			IN (N/O N/A	Proper	reheating procedures for hot holding				
IN OUT		Management awareness; poli	cy present			IN (TUC	N/O N/A	N/A Proper cooling time and temperatures					
IN OUT		Proper use of reporting, restrict Good Hygienic						N/O N/A N/A		hot holding temperatures cold holding temperatures				
IN OUT N/C)	Proper eating, tasting, drinking					<u>OUT</u> OUT	N/O N/A		date marking and disposition				
IN OUT N/O)	No discharge from eyes, nose	and mouth					N/O N/A		s a public health control (procedures /				
		Preventing Contamination	ation by Hands		-				records	Consumer Advisory				
IN OUT N/C)	Hands clean and properly was				IN				mer advisory provided for raw or ooked food				
IN OUT N/C)	No bare hand contact with rea approved alternate method pr	operly followed			ŀ				Highly Susceptible Populations				
IN OUT		Adequate handwashing faciliti accessible						Pasteur offered	rized foods used, prohibited foods not Chemical					
IN OUT		Approved Source Food obtained from approved source			-	INI	OUT	N/A						
IN OUT N/	O N/A	Food received at proper temp				IN OUT Toxic used		Toxic s	dditives: approved and properly used ubstances properly identified, stored and	ı				
IN OUT		Food in good condition, safe and unadulterated							Cor	nformance with Approved Procedures				
IN OUT N/	O N/A	Required records available: sh destruction		}			N OUT N/A Compliance with approved Spe and HACCP plan			ance with approved Specialized Process CCP plan	i			
IN OUT	N1/A	Protection from Co Food separated and protected			-	The	The letter to the left of each item indicates that item's status at the time							
	N/A						ection.				or tile			
IN OUT				_	IN = in compliance N/A = not applicable				OUT = not in compliance N/O = not observed					
IN OUT N/C)	Proper disposition of returned reconditioned, and unsafe foo				COS=Corrected On Site R=Repeat Item								
				OOD RE										
IN OUT		Good Retail Practices are prevent		ntrol the		_	of path	nogens, ch		· · · · · · · · · · · · · · · · · · ·	cos	I n		
IN OUT	Paste	Safe Food and Wat urized eggs used where require		COS	R	IN	001	In-use u		Proper Use of Utensils roperly stored	COS	R		
		and ice from approved source	~					Utensils	, equipme	ent and linens: properly stored, dried,				
		Food Temperature Co	entrol					handled		e-service articles: properly stored, used				
	Adequ	late equipment for temperature							used prop					
		ved thawing methods used							Utens	ils, Equipment and Vending				
	Therm	nometers provided and accurate					desig		od and nonfood-contact surfaces cleanable, properly signed, constructed, and used					
	Ecod	Food Identification						strips us	Warewashing facilities: installed, maintained, used; test strips used					
	Food	ood properly labeled; original container Prevention of Food Contamination						NOTITOOL	Nonfood-contact surfaces clean Physical Facilities					
		Insects, rodents, and animals not present							Hot and cold water available; adequate pressure					
	Contamination prevented during food preparation, storage and display						Plumbin	g installe	d; proper backflow devices					
	Perso finger	sonal cleanliness: clean outer clothing, hair restraint, lernails and jewelry						Sewage and wastewater properly disposed						
	Wiping	g cloths: properly used and store								roperly constructed, supplied, cleaned				
	Fruits	and vegetables washed before	use	+		\vdash				properly disposed; facilities maintained installed, maintained, and clean	-	-		
Person in Ch	arge /T	itle: Plain	,					, i ilysical		Date:				
Inspector:		Many F.			Tel	lephoi	ne No.	EPH		Follow-up: Yes	١	No		

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

MO 580-1814 (9-13)

Mujha Brady

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ESTABLISHMENT NAME	ADDRESS		CITY/ZIF	CITY/ZIP			
FOOD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. ii	n°F_	
Code Reference Priority items contribute directly to the	PRIORITY I	n to an acceptable level, hazar	rds associate	d with foodborne illness	Correct by (date)	Initial	
or injury. These items MUST RECEIV	E IMMEDIATE ACTION within 72	hours or as stated.					
						16	
						9	
						,,,	
						()-	
						13	
						D	
Code	CORE ITI	EMS			Correct by	Initial	
Reference Core items relate to general sanitation, standard operating procedures (SSOP	operational controls, facilities or s s). These items are to be correct	structures, equipment design, cated by the next regular inspeted by the next regular inspeted by the next regular inspection.	general maint ection or as	enance or sanitation stated.	(date)		
						9	
						B	
						1/3	
						B	
	EDUCATION PROV	IDED OR COMMENTS					
Person in Charge /Title:				Date:			
Inspector: Minis II.		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	
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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	JCT/ LOCAT	T/ LOCATION		ı°F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reducti /F IMMEDIATE ACTION within 7	TITEMS on to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items would keep to	E IIWIWEDIATE ACTION WICHIII	Z Hours of as stated.				B	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	Standard Sportating processing (CCC)	<u> </u>					B	
							B	
							B	
		EDUCATION PRO	VIDED OR COMMENTS					
Person in Ch	narge /Title: Blue	~			Date:			
Inspector:	Mhnis III		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

Jayla Brady



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FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT			TON	TEMP. ir	۱° F	
Code		PRIO	RITY ITEMS				Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or re /E IMMEDIATE ACTION wit	duction to an ac hin 72 hours or	ceptable level, haza as stated.	ards associate	d with foodborne illness	(date)	miliai	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, faciliti	RE ITEMS es or structures, corrected by th	equipment design, e next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
								H.	
								B	
								B	
								B	
		EDUCATION F	PROVIDED OF	RCOMMENTS					
Person in Ch	arge /Title: Plei					Date:			
Inspector:	Mini III			Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

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