

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 INSPE	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED	IN WRIT	ING BY 1	HE REGUL	ATORY AUTHORITY. F				
ESTABLISHMENT N	ITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESU T NAME: OWNER:			2235,11131, 31 1001(1000 01				PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBER:	: COUNTY:				
CITY/ZIP: PHONE:				FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P.					GROCE AVERN	RY STOR		NSTITUTION EMP.FOOD	MOBILE	VENDO	RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
	approved Not Applicable	SEWAGE DISPOSA PUBLIC			UPPLY //UNITY			MMUNITY	PRIVAT Result			
License No	-	PRIVAT) INTE	RVENT	IONS						
	preparation practices and employ	ree behaviors most com	monly repor	rted to th	ne Cente	ers for Dis		ol and Prevention as cont	tributing fac	ctors in		
foodborne illness outbr Compliance	eaks. Public health intervention Demonstration of h				ne illnes mpliance			Potentially Hazardous Fo	onds	С	OS R	
IN OUT	Person in charge present, dem			_		N/O N/A		oking, time and temperat				
	and performs duties Employee He	ealth				N/O N/A	Proper re	heating procedures for h	ot holding			
IN OUT	Management awareness; polic	y present		IN	OUT N	N/O N/A	Proper co	oling time and temperatu				
IN OUT	Proper use of reporting, restrict Good Hygienic F		_		1 TUO TUO	N/A N/A		t holding temperatures Id holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking					N/O N/A	Proper da	te marking and disposition				
IN OUT N/O	No discharge from eyes, nose			IN	N TUO	N/O N/A	records)	public health control (pro	ocedures /			
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	OUT	N/A	Consumer	Consumer Advisory r advisory provided for ra	w or			
IN OUT N/O	No bare hand contact with read							lighly Susceptible Popula	ations			
IN OUT	approved alternate method pro Adequate handwashing facilitie			INI	IN OUT N/O N/A Pasteurized			ed foods used, prohibited foods not				
110 001	accessible Approved So		-	IIN	001 1	N/O N/A	offered	Chemical				
IN OUT	Food obtained from approved s			IN	OUT	N/A	Food addi	tives: approved and prop	erly used			
IN OUT N/O N/A	Food received at proper tempe	rature		IN	OUT		Toxic subs	stances properly identifie	d, stored a	nd		
IN OUT Food in good condition, safe and unadulterated						Confo	rmance with Approved P					
IN OUT N/O N/A	Required records available: shi destruction			IN	OUT	N/A	Compliand and HACC	ce with approved Special CP plan	ized Proce	ss		
IN OUT N/A	Protection from Cor Food separated and protected	ntamination		The	letter to	the left o	f each item i	indicates that item's statu	us at the tin	ne of the		
IN OUT N/A	Food-contact surfaces cleaned	& sanitized	+ +	inspection. IN = in compliance OUT = not in compliance								
	Proper disposition of returned,		-			in complia = not appl		N/O = not in compliar	nce			
IN OUT N/O	reconditioned, and unsafe food	i i				=Correcte	ed On Site	R=Repeat Item				
	Good Retail Practices are preve		OD RETAIL			ogens ch	emicals and	d physical phiects into for	nds			
IN OUT	Safe Food and Water		COS R	IN	OUT	ogens, en		pper Use of Utensils	<u>ous.</u>	COS	B R	
	urized eggs used where required and ice from approved source						tensils: prop	perly stored and linens: properly stor	ad driad			
vvater	and ice from approved source					handled		and linens, property stor	eu, uneu,			
Adag	Food Temperature Cou uate equipment for temperature of						ise/single-se used proper	ervice articles: properly st	tored, used	1		
Appro	ved thawing methods used	John Grand					Utensils,	Equipment and Vending				
Thern	nometers provided and accurate							contact surfaces cleanable	le, properly	'		
	Food Identification					Warewa	shing faciliti	ed, and used les: installed, maintained	, used; test	:		
Food properly labeled; original container				strips used Nonfood-contact surfaces clean								
Prevention of Food Contamination					Physical Facilities							
Insects, rodents, and animals not present Contamination prevented during food preparation, storage				+				available; adequate press proper backflow devices	sure			
and d	isplay	,						· ·				
	nal cleanliness: clean outer cloth nails and jewelry	ing, hair restraint,						vater properly disposed				
Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained								
Fruits	and vegetables washed before u	ise						perly disposed; facilities i stalled, maintained, and d				
Person in Charge /T	Title: Josefa	CiCA	į.					ate:				
Inspector:	17 1	<u> </u>	T	elepho	ne No.	EPH		ollow-up:	Yes		No	
MO 580-1814 (9-13)	in f Lil	DISTRIBUTION: WHITE -	- OWNER'S COF	PΥ		CANARY – F		llow-up Date:			E6.37	



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			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. ii	n ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduct E IMMEDIATE ACTION within	f ITEMS ion to an acceptable level, haza 72 hours or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
							35	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE I' , operational controls, facilities of	r structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
			-				25	
							,	
							25	
							25	
							15	
							0 -	
		EDITICATION DDO	VIDED OR COMMENTS					
		EDOCATION FRO	VIDED OIL GOIMINIEM 13					
Person in Ch	parge /Title: Jose + ox	CiCA			Date:			
Inspector:	Manie J.Z.L	7/60/	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

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ESTABLISHMENT NAME		ADDRESS				ITY/ZIP			
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Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIOR elimination, prevention or red /E IMMEDIATE ACTION with	RITY ITEMS luction to an act in 72 hours or	ceptable level, haza as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
								X X	
								72	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOI	n, operational controls, facilitie	REITEMS	equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (330)	-s). These items are to be c	orrected by the	e next regular insp	ection of as	stateu.		١٤	
								75	
								25	
								25	
								25	
		EDUCATION PI	ROVIDED OF	COMMENTS					
Person in Ch	parge /Title: Josefa	Sica				Date:			
Inspector:	Moni F Zil			Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13)

DISTRIBUTION: WHITE - OWNER'S COPY

CANARY - FILE COPY

E6.37A



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ESTABLISHMENT NAME		ADDRESS	ADDRESS				CITY/ZIP			
FOO	DD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/				TION	TEMP. in ° F			
Codo		RRIO	DITY ITEMS				Correct by	Initial		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or re E IMMEDIATE ACTION wit	RITY ITEMS eduction to an accept thin 72 hours or as	able level, haza stated.	rds associate	d with foodborne illness	Correct by (date)	Initial		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, faciliti	RE ITEMS ies or structures, equ	ipment design,	general maint	enance or sanitation	Correct by (date)	Initial		
	standard operating procedures (550)	5). These items are to be	corrected by the he	ext regular ilisp	ection of as	Stateu.		14		
								7>		
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								75		
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								25		
		EDUCATION F	PROVIDED OR CO	OMMENTS						
Person in Ch	arge /Title: Josefox	CiCA				Date:				
Inspector:	Mlmi F Zil	DISTRIBUTION: WHITE – OWN		ephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A		