

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

| TIME IN | TIME OUT |
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| DATE | PAGE 1 of |

| NEXT RO | JUTINE | INSPE | | ERIOD OF TIME AS N | //AY BE | SPEC | IFIED | IN WRI | TING BY 1 | HE REC | SULA | LITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------|---------------------------------------------------------------------|----------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------|----------------------------|--------------------------------------------------|-------------------------------------------------------------|--------|-----|
| ESTAE | | | | OWNER: | WAT IN | JOLI | III OL | OOATIC | <u> </u> | 01(100 | <u>D 01</u> | PERSON IN CHARGE: | | |
| ADDR | ESS: | | | ' | | | ESTABLISHMENT NUMBER: COUNTY: | | | | COUNTY: | | | |
| CITY/Z | CITY/ZIP: | | | PHONE: | PHONE: FAX: | | | | | P.H. PRIORITY: H | М | L | | |
| ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMM | | | ELI MMER F | F.P. | | GROCE AVERN | ERY STOR | ιE | | STITUTION MOBILE \ MP.FOOD | ENDOR | RS | | |
| PURPOS Pr | SE re-openi | ng | Routine Follow-up | Complaint | Oth | er | | | | | | | | |
| FROZEN DESSERT Approved Disapproved Not Applicable | | | SEWAGE DISPOS PUBL | IC | C COMMUNITY NON-C | | | | | | IMUNITY PRIVATE | | | |
| | License | No | | PRIVA RISK FAC | | AND | INITE | D\/ENI | TIONS | Date | Oan | pied results | | |
| Pick fa | ctore a | e food r | preparation practices and employ | | | | | | | - A25A CO | ntrol | and Prevention as contributing fact | ore in | |
| foodbor | rne illnes | | eaks. Public health intervention | ns are control measure | es to pre | vent f | oodbor | ne illne | ss or injury | | | | | |
| Compliar | nce | | Demonstration of Person in charge present, den | | cos | R | 1 | mpliance | | Proper | | otentially Hazardous Foods king, time and temperature | CC | S R |
| IN OL | JT | | and performs duties | <u>.</u> | | | | | N/O N/A | | | | | |
| IN OI | LIT | | Employee H Management awareness; police | | | | IN IN | | N/O N/A | | | eating procedures for hot holding ing time and temperatures | | |
| IN OL | | | Proper use of reporting, restrict | tion and exclusion | | | | | N/O N/A | | | nolding temperatures | | |
| IN OL | JT N/C | 1 | Good Hygienic F Proper eating, tasting, drinking | | | | | OUT | N/A | | | holding temperatures marking and disposition | | |
| | UT N/C | | No discharge from eyes, nose | | | | | | N/O N/A N/O N/A | | | ublic health control (procedures / | | |
| 114 00 | - 14/0 | , | Preventing Contamina | ation by Hands | | | IIN | 001 | IN/O IN/A | record | s) | Consumer Advisory | | |
| IN O | UT N/O |) | Hands clean and properly was | | | | IN | OUT | N/A | Consu | | advisory provided for raw or | | |
| IN OL | IN OUT N/O No bare hand contact with ready- | | | | | | | | ghly Susceptible Populations | | | | | |
| IN OL | approved alternate method prope IN OUT Adequate handwashing facilities s | | | | | | | | foods used, prohibited foods not | | | | | |
| | | | accessible Approved So | ource | | | | | | offered | 1 | Chemical | | |
| IN OL | JT | | Food obtained from approved | | | | IN | OUT | N/A | | d additives: approved and properly used | | | |
| IN OL | UT N/0 | O N/A | Food received at proper temper | erature | | | | Toxic substances properly identified, stored and used | | 3 | | | | |
| IN OL | UT | | Food in good condition, safe a | | | | | | | | nance with Approved Procedures | | | |
| IN OL | JT N/C | O N/A | Required records available: sh destruction | iellstock tags, parasite | | | IN | OUT | N/A | and H | | with approved Specialized Proces Pplan | 5 | |
| | | | Protection from Co | | | | | | | | | | | |
| IN OL | JT | N/A | Food separated and protected | | | | | letter to ection. | o the left o | f each ite | em in | dicates that item's status at the time | of the | |
| IN O | UT | N/A | Food-contact surfaces cleaned | | | | IN = in compliance | | | | | OUT = not in compliance | | |
| IN O | UT N/C |) | Proper disposition of returned, reconditioned, and unsafe food | | | | N/A = not applicable COS=Corrected On Site | | | | e | N/O = not observed R=Repeat Item | | |
| | | | | | OOD RE | TAIL | PRACT | TICES | | | | | | |
| INI | OUT | | Good Retail Practices are preven | | ontrol the | | - | of path | nogens, ch | | | | cos | |
| IN | 001 | Paste | Safe Food and Wat urized eggs used where required | | COS | R | IN | 001 | In-use u | | | er Use of Utensils rly stored | COS | R |
| | | Water | and ice from approved source | | | | | | | | ent a | and linens: properly stored, dried, | | |
| | | | Food Temperature Co | ntrol | | | 1 | | handled Single-u | | e-ser | vice articles: properly stored, used | | |
| | | | ate equipment for temperature | | | | | | | used pro | perly | | | |
| | | | ved thawing methods used nometers provided and accurate | | | | - | | Food an | | | Equipment and Vending ntact surfaces cleanable, properly | | - |
| | | 1110111 | · | | | | | | designe | d, constr | ucte | d, and used | | |
| | | | | | Warewashing facilities: installed, maintained, used; te strips used | | | | | | | | | |
| | | Food | properly labeled; original contain | | | | | | Nonfood | d-contact | | aces clean | | |
| | | Prevention of Food Contamination Insects, rodents, and animals not present | | | | 1 | | Hot and | cold wa | | ysical Facilities vailable; adequate pressure | | | |
| | | Conta | mination prevented during food | | | | 1 | | | | | oper backflow devices | | |
| and display Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry Wiping cloths: properly used and stored | | ning, hair restraint, | | | 1 | | Sewage | and was | stewa | ater properly disposed | | | | |
| | | | | 1 | | Toilet fa | cilities: p | rope | rly constructed, supplied, cleaned | | | | | |
| | | | and vegetables washed before | | | | | | Garbage | e/refuse | prope | erly disposed; facilities maintained | | |
| Doroca | n in Ch | arge /T | itle: WY M.T | | | | | | Physica | tacilities | inst Dat | alled, maintained, and clean | 1 | |
| F 61501 | ii iii Cil | arye / I | Words The State of the | km . | | | | | | | Dal | ਹ . | | |
| Inspec | ctor: | 1aun | n Brady | - | | Те | lepho | ne No. | EPH | S No. | | ow-up: Yes ow-up Date: | | No |



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

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| ESTABLISHMEN [*] | TNAME | ADDRESS | | CITY/ZIF | D | | |
|---------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------|----------------|-------------------------------|-------------------|--------------|
| FO | DD PRODUCT/LOCATION | TEMP. in ° F | TEMP. in ° F FOOD PRODUCT | | | TEMP. ir | ۱° F |
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| Code | | PRIORITY ITE | · MS | | | Correct by | Initial |
| Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or reduction to E IMMEDIATE ACTION within 72 ho | o an acceptable level, haza ours or as stated. | rds associated | d with foodborne illness | (date) | iriidai |
| | | | | | | | G G |
| Code Reference | Core items relate to general sanitation standard operating procedures (SSOF | CORE ITEM | ictures, equipment design, | general maint | enance or sanitation | Correct by (date) | Initial |
| | standard operating procedures (330F | S). These items are to be corrected | u by the next regular msp | ection or as | Stateu. | | 1 |
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| | | EDUCATION PROVIDI | ED OR COMMENTS | | | | |
| | | | | | | | |
| Person in Ch | arge /Title: | | | | Date: | | |
| Inspector: | Nayla Brady | DISTRIBUTION: WHITE - OWNER'S COPY | Telephone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No F6 374 |



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

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| ESTABLISHMEN | TNAME | ADDRESS | | CITY /ZIF | CITY /ZIP | | | |
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| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | PRIOI elimination, prevention or red E IMMEDIATE ACTION wit | RITY ITEMS duction to an acceptable level, haza hin 72 hours or as stated. | rds associate | d with foodborne illness | Correct by (date) | Initial | |
| | | | | | | | B B | |
| Code | Considerate annual consideration | COI | RE ITEMS | | and the state of | Correct by | Initial | |
| Reference | Core items relate to general sanitation standard operating procedures (SSOP | s). These items are to be o | es or structures, equipment design, corrected by the next regular insp | general maint ection or as | enance or sanitation stated. | (date) | A | |
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| | | EDITOATION D | PROVIDED OR COMMENTS | | | | | |
| | | EDUCATION P | ROVIDED OR COMMENTS | | | | | |
| | | | | | | | | |
| Person in Ch | arge /Title: | km) | | | Date: | | | |
| Inspector: | Payla Brady | DISTRIBUTION: WHITE - OWNE | Telephone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No E6.37A | |



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

FOOD ESTABLISHMENT INSPECTION REPORT

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| ESTABLISHMENT NAME | | ADDRESS | ADDRESS | | | CITY/ZIP | | | |
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| FO | OD PRODUCT/LOCATION | TEMP. in ° F | TEMP. in ° F FOOD PRODUCT/ | | | TEMP. ii | ı ° F | | |
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| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEIN | PRIORITY I elimination, prevention or reductio /E IMMEDIATE ACTION within 72 | TEMS n to an acceptable level, haza n hours or as stated. | ards associate | d with foodborne illness | Correct by (date) | Initial | | |
| | or injury. These items into a record | | | | | | | | |
| Code Reference | Core items relate to general sanitation standard operating procedures (SSOF | CORE ITE n, operational controls, facilities or s Ps). These items are to be correct | structures, equipment design, | general maint | enance or sanitation stated. | Correct by (date) | Initial | | |
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| Person in Ch | arge /Title: | | | | Date: | | | | |
| Inspector: | Jula Brady | | Telephone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No | | |



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| ESTABLISHMENT NAME | | ADDRESS | | | CITY/ZIP | | |
|--------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------|----------------|-------------------------------|-------------------|---------|
| FO | 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 RECEIV | PRIORITY elimination, prevention or reduction E IMMEDIATE ACTION within 73 | ITEMS n to an acceptable level, haza 2 hours or as stated. | ards associate | d with foodborne illness | Correct by (date) | Initial |
| | Or injury. These items would keep to | E IMMEDIATE ACTION WITHIN 7 | a nours of as stated. | | | | |
| Code Reference | Core items relate to general sanitation standard operating procedures (SSOF | CORE IT , operational controls, facilities or s s). These items are to be correct | structures, equipment design, | general maint | enance or sanitation stated. | Correct by (date) | Initial |
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| Person in Ch | narge /Title: | | | | Date: | | |
| Inspector: | Nayla Brady | gy v v · | Telephone No. | EPHS No. | Follow-up: Follow-up Date: | Yes | No |