

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPEC WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT ESTABLISHMENT NAME: OWNER:													COMP	LY	
ADDRESS:					ESTABLISHMENT NUMBER:				ER:	COUNTY:					
CITY/ZIP:	CITY/ZIP: PHONE:				FAX	:				P.H. PRIORITY :	Н	М	L		
ESTABLISHMENT	TYPE	0.07005										/END 0			
BAKERY RESTAUF	RANT	C. STORE CATE SCHOOL SENIC		LI MMER F.	P.		AVER	RY STOR	KE.		STITUTION MP.FOOD	MOBILE '	VENDO	RS	
PURPOSE Pre-openii	ng	Routine Follow-up	Complaint	Othe	r										
FROZEN DES			SEWAGE DISPOS				UPPL'								
Approved		approved Not Applicable	PUBLI		(MUNITY oled	PRIVAT Results			
License	No		PRIVA		AND.	INTE	R\/FN	TIONS							_
RISK FACTORS AND INTERVENTIONS Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in															
foodborne illnes Compliance	s outbre	eaks. Public health intervention Demonstration of		cos	ent fo		ne illne		y.	Po	Potentially Hazardous Foods			os	R
		Person in charge present, der		000		1		N/O N/A	Prope		ooking, time and temperature			-	
IN OUT		and performs duties	I = 14h	_					WA . S						
IN OUT		Employee F Management awareness; poli						N/O N/A							
IN OUT		Proper use of reporting, restri	ction and exclusion			_		N/O N/A							
IN OUT N/O		Good Hygienic Proper eating, tasting, drinking					OUT	N/A			holding temperatures				
		No discharge from eyes, nose						N/O N/A			marking and disposition ublic health control (pr				
IN OUT N/O		5 " 2 1 1				IIN	001	N/O N/A	record	ds)					
IN OUT NO		Preventing Contamin Hands clean and properly was		-			OUT	N1/A	Consu	umer a	Consumer Advisory dvisory provided for ra				
IN OUT N/O						IIN	IN OUT IN/A undercoo				ked food				
IN OUT N/O		No bare hand contact with rea approved alternate method pr								Higi	hly Susceptible Popul	ations			i.
IN OUT Adequate handwashing facilities supplied & accessible					IN (IN OUT N/O N/A Pasteurized foods used, prohibited foo offered				d foods not					
	Approved Source								<u> </u>	Chemical				_	
					IN	IN OUT N/A Food additives: approved and pro Toxic substances properly identifie				vd.					
IN OUT N/O N/A Food received at proper temperature				IN	used					iu					
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite				1	Conformance with Approved Procedures Compliance with approved Specialized Proce					:0					
IN OUT N/O N/A destruction					IN	N OUT N/A and HACCP plan									
IN OUT	N1/A	Protection from Co		-		The	letter t	o the left o	ıf each it	tem ind	licates that item's stat	us at the tim	e of the		
IV SST IVA						ection.						0 01 1110			
Dropper disposition of returned previously control					ł		in complia: not appl =			OUT = not in complia N/O = not observed	nce				
IN OUT N/O Proper disposition or returned, previously served, reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item									_						
		Good Retail Practices are prevent		OOD RET				nagana ah	omicala	and n	bygical objects into fo	odo			
IN OUT		Safe Food and Wa		COS	R	IN	OUT	logens, cri	lemicais		er Use of Utensils	ous.	COS	R	_
		urized eggs used where require						In-use u	ıtensils:	proper	ly stored				_
	water	and ice from approved source						Utensils handled		nent ar	nd linens: properly sto	red, dried,			
		Food Temperature Co						Single-u	use/singl	le-serv	ice articles: properly s	stored, used			
		ate equipment for temperature ved thawing methods used	control					Gloves	used pro		quipment and Vending	0		-	
		nometers provided and accurate	:					Food an			ntact surfaces cleanab				
		Food Identification	n								, and used : installed, maintained	d. used: test	+		
	F							strips us	sed						
	F000	ood properly labeled; original container Prevention of Food Contamination						Nonfood-contact surfaces clean Physical Facilities							
	Insects, rodents, and animals not present								ot and cold water available; adequate pressure						
	Contamination prevented during food preparation, storage and display							ping installed; proper backflow devices							
		nal cleanliness: clean outer clot nails and jewelry	I cleanliness: clean outer clothing, hair restraint,				Sewage and wastewater properly disposed								
	Wiping	cloths: properly used and store									ly constructed, supplied				_
	Fruits	and vegetables washed before	use			1					rly disposed; facilities illed, maintained, and			-	
Person in Cha	arge /T	itle: Lind d	C 010000	1			<u> </u>	, 5.54		Date				ı	_
Inspector:		Ion Homes	. O/ watch		Tel	lepho	ne No	. EPH	IS No.	Follo	ow-up:	Yes		No	
	7/2	John I Horman									ow-up Date:				

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



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

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	7 LOCATION TE			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduct 'E IMMEDIATE ACTION within	tion to an acceptable level, haza	rds associate	d with foodborne illness	Correct by (date)	Initial	
							KA	
							1 K0	
							1KD	
							, ,	
0-1-		CORF	TEMO			O a man at lass	le iti al	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE I , operational controls, facilities o s). These items are to be corr	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
	, ,	,					KKA	
							1 K0	
							1KB	
							(,,,	
							L K0	
		FOLICATION PRO	VIDED OR COMMENTS					
		2200/MIONI NO						
Damar in Cl	anna /Tibla	,			Data			
Person in Ch	large / Title:	Oresley	1	EDUON	Date:			
Inspector:	Mour & Homas		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	



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FOO	OD PRODUCT/LOCATION	TEMP. in ° F	JCT/ LOCAT	TION	TEMP. in ° F				
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIO elimination, prevention or re E IMMEDIATE ACTION wit	RITY ITEMS eduction to an acc thin 72 hours or	eptable level, haza as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
								X Q	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities	RE ITEMS es or structures, corrected by the	equipment design, e next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
								A SO	
		EDUCATION P	PROVIDED OR	COMMENTS					
Person in Ch	arge /Title: Linds &	D1001				Date:			
Inspector:	arge /Title: Money House	DISTRIBUTION: WHITE _ OWNE		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374	