

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NO	RIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY 1	THE REG	GULAT	ORY AUTHORITY. F			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY ESTABLISHMENT NAME: OWNER:			AY RESUL	.I IN CESSATION OF YOUR FOOD OF					PERSON IN CHARGE:			
ADDRESS:				ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP: PHONE:				FAX:				P.H. PRIORITY :	Н	М	L	
			l Mer F.P.	GROCERY STORE INSTITUTION MOBILE VE P. TAVERN TEMP.FOOD					VENDC	RS		
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable License No. PRIVATE				WATER SUPPLY COMMUNITY NON-COMMUNITY Date Sampled								
		RISK FACT) INTE	RVENT	TIONS						
Risk factors are food	preparation practices and employe	e behaviors most com	monly repor	ted to th	ne Cente	ers for Dis	sease Co	ontrol a	and Prevention as con	tributing fa	ctors in	
Compliance	eaks. Public health intervention Demonstration of Ki				me lilines mpliance		y. I	Po	tentially Hazardous Fo	oods		COS R
IN OUT	Person in charge present, demo and performs duties	v		IN (OUT N/O N/A Proper			cooking, time and temperature				
	Employee He			IN (N/O N/A						
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restricti		+	IN (UT N UT I	N/O N/A			ng time and temperatu olding temperatures	ires		
	Good Hygienic Pr	actices		IN	OUT	N/A	N/A Proper cold holding temperatures					
IN OUT N/O	Proper eating, tasting, drinking of No discharge from eyes, nose a					<u>N/O N/A</u>	Proper date marking and disposition Time as a public health control (procedures a					
	Preventing Contaminati	on by Hondo		IN		N/O N/A	record	s) .	Consumer Advisory			
IN OUT N/O	Hands clean and properly wash			IN	OUT	N/A	Consumer advisory provided for row or					
IN OUT N/O	IN OUT N/O No bare hand contact with ready-								ghly Susceptible Populations			
IN OUT	N OUT Adequate handwashing facilities sup accessible			IN (OUT N/O N/A Pasteurized offered				d foods used, prohibited foods not			
Approved Source				C			Chemical					
IN OUT					OUT	N/A			es: approved and prop inces properly identifie		nd	
IN OUT N/O N/A				used								
IN OUT	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite								ance with Approved F with approved Specia		\$5	
IN OUT N/O N/A	destruction	0 / 1		IN OUT			and HACCP plan					
IN OUT N/A	Protection from Contamination OUT N/A Food separated and protected			The letter to the left of each item indicates that item's status at the time of the							;	
IN OUT N/A				IN = in compliance OUT = not in compliance								
IN OUT N/O Proper disposition of returned, previously served,				N/A = not applicable N/O = not observed								
IN OUT N/O Proper disposition or retained, previously served, reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item												
	Good Retail Practices are preven					ogens, ch	emicals,	and p	hysical objects into fo	ods.		
IN OUT	Safe Food and Water	•	COS R	IN	OUT				er Use of Utensils		COS	S R
	urized eggs used where required r and ice from approved source								ly stored nd linens: properly stor	red. dried.		
						handled	d					
Adeq	Food Temperature Con uate equipment for temperature co						use/single		ice articles: properly s	tored, used		
Appro	Approved thawing methods used						Utensils, Equipment and Vending			9		
Thern	nometers provided and accurate								itact surfaces cleanab	le, properly	r	
Food Identification						Warewa	designed, constructed, and used Warewashing facilities: installed, maintained, used; test strips used			:		
Food properly labeled; original container							onfood-contact surfaces clean					
Prevention of Food Contamination Insects, rodents, and animals not present						Hot and	Physical Facilities and cold water available; adequate pressure					
Contamination prevented during food preparation, storage					ļ				oper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint,						Sewage and wastewater properly disposed						
fingernails and jewelry Wiping cloths: properly used and stored						Toilet facilities: properly constructed, supplied, cleaned					_	_
Fruits and vegetables washed before use						Garbage/refuse properly disposed; facilities maintained						
Doroop in Charge 7						Physica	l facilities		lled, maintained, and	clean		
Person in Charge /1	Bonn AH	mon						Date				
Inspector:	Mile: Born JH		Т	elepho	ne No.	EPH	IS No.		ow-up: ow-up Date:	Yes		No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COF	γ		CANARY – F	ILE COPY					E6.37



	OOD ESTABLISHMENT IN	ISPECTION REPORT			PAGE ² of		
ESTABLISHMEN	STABLISHMENT NAME ADDRESS CITY /ZIP						
FOOD 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	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	to an acceptable level, haza hours or as stated.	rds associated	with foodborne illness	(date)	
							Зн
							3H
							BH
Code Reference	Core items relate to general sanitation	CORE ITE	MS ructures, equipment design, o	general mainter	nance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOF	ps). These items are to be correct	ed by the next regular insp	ection or as st	ated.		011
							ЗH
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		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:	& Hanson			Date:		
Inspector:	lan .		Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Muhain J. Homans	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE C	OPY	Follow-up Date:		E6.37A



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ESTABLISHMENT NAME ADDRESS				CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT	/ LOCATION		TEMP. ir	n ° F
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazards hours or as stated.	associated with	i foodborne illness	(date)	
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Code Reference	Core items relate to general sanitatio standard operating procedures (SSO	CORE ITEI n, operational controls, facilities or str Ps). These items are to be correct	ructures, equipment design, gen	eral maintenan	ce or sanitation d.	Correct by (date)	Initial
							ЗH
							BH
							ЗH
							BH
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	arge /Title:			Da	te [.]		
Inspector:	Q	min & Hanson	Telephone No. Ef		low-up:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COPY		Fol	low-up Date:		E6.37A

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Filler Filler	OOD ESTABLISHMENT IN	SPECTION REPORT			PAGE ⁴ of		
ESTABLISHMEN	T NAME	CITY/ZIP					
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION			TEMP. in ° F	
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							ЗH
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							BH
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	arge /Title: Brown Ar	tenom		D	ate:		
Inspector:	Milian & Armans	_	Telephone No.	EPHS No. F	ollow-up: ollow-up Date:	Yes	No
MO 580-1814 (9-13)	II WARN F T FORMAS	DISTRIBUTION: WHITE - OWNER'S COPY	CANARY – FILE CO)PY	onon up Date.		E6.37A