

TIME IN TIME OUT
DATE PAGE 1 of

NEXT ROUTINE INSPE	CTION, OR SUCH SHORTER PER	IOD OF TIME AS M	AY BE \$	SPECI	IFIED I	N WRI	TING BY T	HE REGUL	CILITIES WHICH MUST BE CORREC ATORY AUTHORITY. FAILURE TO		
ESTABLISHMENT N	IE LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE M. IMENT NAME: OWNER:			SULT	PERSON IN CHARGE:						
ADDRESS:	I			EST	ABLIS	HMENT	NUMBER:	COUNTY:			
CITY/ZIP:	PHONE:			FAX				P.H. PRIORITY : H	Μ	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERER SCHOOL SENIOR C		_I IMER F	.P.		GROCE	RY STOR		INSTITUTION MOBILE V FEMP.FOOD	ENDOR	S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Othe	er							
	approved Not Applicable	EWAGE DISPOS PUBLI PRIVA	с			UPPLY IUNIT			MMUNITY PRIVATE mpled Results		
License No		RISK FAC		AND	INTE	RVEN	FIONS				
		behaviors most con	nmonly	reporte	ed to th	ne Cent	ers for Dis		ol and Prevention as contributing facto	rs in	
foodborne illness outbro Compliance	eaks. Public health interventions Demonstration of Kno		s to pre			ne illnes			Potentially Hazardous Foods	COS	S R
	Person in charge present, demon	v	000			•	N/O N/A		oking, time and temperature	000	
IN OUT	and performs duties Employee Heal	- th	_				N/O N/A	Proper re	heating procedures for hot holding		_
IN OUT	Management awareness; policy p				_		N/O N/A		oling time and temperatures		
IN OUT	Proper use of reporting, restriction Good Hygienic Pra						N/O N/A		t holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or								ite marking and disposition		
IN OUT N/O	No discharge from eyes, nose and	d mouth			IN	OUT I	N/O N/A	Time as a records)	public health control (procedures /		
	Preventing Contaminatio								Consumer Advisory		
IN OUT N/O	Hands clean and properly washed	1					undercool	r advisory provided for raw or ked food			
IN OUT N/O	No bare hand contact with ready- approved alternate method prope				Hiç			F	Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities								ed foods used, prohibited foods not		
	accessible Approved Source	ce		_				offered	Chemical		
IN OUT	Food obtained from approved source				IN OUT N/A Food additives: approved and properly used Toxic substances properly identified, stored a						
IN OUT N/O N/A	Food received at proper temperat	ule					used	stances property identified, stored and			
IN OUT	Food in good condition, safe and Required records available: shells				Compl			ormance with Approved Procedures ce with approved Specialized Process			
IN OUT N/O N/A	destruction				IN OUT N/A and HACC						
IN OUT N/A	Protection from Conta Food separated and protected	mination			The	letter to	the left o	f each item	indicates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned &	sanitized			inspection.						
	Proper disposition of returned, pre			_	N/A = not applicable N/O =				OUT = not in compliance N/O = not observed		
IN OUT N/O	reconditioned, and unsafe food						=Correcte	d On Site	R=Repeat Item		
	Good Retail Practices are preventa		OOD RE				ogens ch	emicals an	d physical objects into foods		
IN OUT	Safe Food and Water		COS	R	IN	OUT		,	oper Use of Utensils	COS	R
	urized eggs used where required and ice from approved source								perly stored t and linens: properly stored, dried,		
Waler	and ice nom approved source						handled		t and intens. property stored, dried,		
Adam	Food Temperature Contro							use/single-se	ervice articles: properly stored, used		
	uate equipment for temperature con wed thawing methods used						Gloves		, Equipment and Vending		
	nometers provided and accurate							d nonfood-o	contact surfaces cleanable, properly		
	Food Identification						designed, constructed Warewashing facilitie		ied, and used ies: installed, maintained, used; test		
							strips us	sed			
Food properly labeled; original container Prevention of Food Contamination		ation					NOTIOOC	d-contact surfaces clean Physical Facilities			
Insects, rodents, and animals not present									available; adequate pressure		
Contamination prevented during food preparation, storage and display		-					Plumbin	g installed;	proper backflow devices		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Sewage	and waster	water properly disposed			
Wiping cloths: properly used and stored								facilities: properly constructed, supplied, cleaned			
Fruits and vegetables washed before use					1			e/refuse pro			
Person in Charge /T	Title: A A				1		i nysica		stalled, maintained, and clean ate:	<u> </u>	1
	- Connor 40 mil	\sim		I .	lock	00 M-				<u> </u>	10
Inspector:	a Brady			lie	iepno	ne No.	EPH		bllow-up: Yes bllow-up Date:	Ν	١o
MO 580-1814 (9-13)		DISTRIBUTION: WHITE	- OWNER'	S COPY	,		CANARY - F				E6.37



FOOD ESTABLISHMENT IN	l	PAGE ² of				
FABLISHMENT NAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT	/ LOCATION	TEMP. ii	n ° F	
Code eference Priority items contribute directly to the	PRIORITY II	TEMS	ecception with	foodhorno illacoo	Correct by	Initi
eference Priority items contribute directly to the or injury. These items MUST RECEIV	EIMMEDIATE ACTION within 72	hours or as stated.	associated with	i loodborne liiness	(date)	
Code ference Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or st	tructures, equipment design, ger	neral maintenan	ce or sanitation	Correct by (date)	Init
	s). These items are to be correct	ted by the next regular inspect	lion of as state	u.		
	EDUCATION PROVI	DED OR COMMENTS				I
son in Charge /Title:			Da	te:		
pector: Jula Brady	where the	Telephone No.	PHS No. Fo	llow-up:	Yes	I
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MBCCCN	POOD ESTABLISHMENT INSPECTION REPORT						
ESTABLISHMENT NAME ADDRESS CITY /ZIP							
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION		Ν	TEMP. in ° F	
Code		PRIORITY IT	EMS			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, hazard hours or as stated.	s associated wi	th foodborne illness	(date)	
Code		CORE ITE	MS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or st	ructures, equipment design, ge	eneral maintena	nce or sanitation ed.	(date)	
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title: Quinte A 1			D	ate:		
Inspector:	Inula Diadas	mp	Telephone No.	EPHS No. F	ollow-up:	Yes	No
MO 580-1814 (9-13)	MANNY MANNY	DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE COP	F F	ollow-up Date:		E6.37A

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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUC	CT/ LOCATIO	N	TEMP. in ° F	
Code		PRIORIT	VITEMO			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	elimination, prevention or reduction	tion to an acceptable level, hazar 72 hours or as stated	ds associated w	ith foodborne illness	Correct by (date)	mua
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE n, operational controls, facilities c Ps). These items are to be corr	r structures, equipment design, g	general maintena	ance or sanitation	Correct by (date)	Initial
		EDUCATION PRO	VIDED OR COMMENTS				
Person in Ch	arge /Title: Quinte A			C	Date:		
Inspector:	Mula Rinda	wh	Telephone No.	EPHS No. F	ollow-up: ollow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S	COPY CANARY – FILE CC)PY	onow-up Date.		E6.37A

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