

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

TIME IN	TIME OUT
DATE	PAGE 1 of

		CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF								ULATORY AUTHORITY. FAILURE TO OPERATIONS.	COMPL	Y
ESTABLISH			OWNER:	*******	PERSON IN CHARGE:							
ADDRESS:						EST	ABLIS	SHMENT	NUMBE	R: COUNTY:		
CITY/ZIP:			PHONE:			FAX	=			P.H. PRIORITY: H	М	L
					n			ERY STOR	RE	INSTITUTION MOBILE V	ENDOR	S
PURPOSE Pre-open		SCHOOL SENIO Routine Follow-up	R CENTER SUI Complaint	MMER F.			AVER	N		TEMP.FOOD		
FROZEN DE			SEWAGE DISPOS	SAL	WAT	ER S	UPPL		NONC	OMMUNITY PRIVATE		
			PUBL PRIV <i>I</i>		(JOIVIIV	/UNIT	T		OMMUNITY PRIVATE Results		
			RISK FAC	CTORS	AND	INTE	RVEN	TIONS				
										trol and Prevention as contributing fact	ors in	
Compliance	ss outbr	eaks. Public health intervention Demonstration of		cos cos	/ent to		ne IIIne mpliance		y. T	Potentially Hazardous Foods	CO	S R
IN OUT		Person in charge present, der				1		N/O N/A	Proper of	cooking, time and temperature		
114 001		and performs duties Employee H	lealth			IN (N/O N/A	Proper	reheating procedures for hot holding		_
IN OUT		Management awareness; poli						N/O N/A	Proper of	cooling time and temperatures		_
IN OUT		Proper use of reporting, restric						N/O N/A		hot holding temperatures		
IN OUT N/C)	Good Hygienic Proper eating, tasting, drinking					OUT OUT	N/A N/O N/A		cold holding temperatures date marking and disposition		_
IN OUT N/O)	No discharge from eyes, nose						N/O N/A	Time as	a public health control (procedures /		
		Preventing Contamina	ation by Hands					14/0 14//(records	Consumer Advisory		_
IN OUT N/C)	Hands clean and properly was				IN	OUT	N/A		ner advisory provided for raw or boked food		
IN OUT N/C)	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			Highly Susceptible F			Highly Susceptible Populations				
IN OUT	OUT Adequate handwashing facilities supplied & accessible				IN (OUT	UT N/O N/A Pasteurized foods used, prohibited foods offered					
IN OUT		Approved S				INI	OUT	N/A	Food on	Chemical		
IN OUT N/	O N/A	Food obtained from approved source N/A Food received at proper temperature				1	OUT	N/A Food additives: approved and properly used Toxic substances properly identified, stored a used			i	
IN OUT		Food in good condition, safe a						Conformance with Approved Procedures				
IN OUT N/	O N/A	Required records available: sh destruction				IN	OUT	N/A Compliance with approved Specialized Proceed and HACCP plan			•	
IN OUT		Protection from Co Food separated and protected				The	lattar t	o the left o	f each iter	m indicates that item's status at the time	of the	
IN OUT	N/A	Food-contact surfaces cleane					ection.		each ite	ii iiidicates tilat item 3 status at tile tillie	OI tile	
IN OUT	N/A					1		in complia = not appl		OUT = not in compliance N/O = not observed		
IN OUT N/O)	Proper disposition of returned reconditioned, and unsafe foo						S=Correcte				
			G	OOD RE	TAIL F	PRACT	TICES					
15.1 O.1.T		Good Retail Practices are preven						hogens, ch				
IN OUT	Paste	Safe Food and Wat urized eggs used where require		cos	R	IN	OUT	In-use u		Proper Use of Utensils roperly stored	cos	R
		and ice from approved source	<u> </u>			1		Utensils	, equipme	ent and linens: properly stored, dried,		1
		Food Tomporature Co	ntral			ļ		handled		anning articles, properly stored word		
	Adequ	Food Temperature Co late equipment for temperature							used prop	-service articles: properly stored, used erly		+
	Appro	ved thawing methods used							Utensi	ils, Equipment and Vending		
	Therm	nometers provided and accurate						designe	d, constru	d-contact surfaces cleanable, properly letted, and used		
	Food	Food Identification						strips us	sed	ilities: installed, maintained, used; test		
	FOOd	properly labeled; original contain Prevention of Food Conta						NOTITOO	a-contact s	surfaces clean Physical Facilities		+
	Insects, rodents, and animals not present								er available; adequate pressure			
Contamination prevented during food preparation, storage and display						Plumbin	ig installed	d; proper backflow devices				
	Perso	nal cleanliness: clean outer cloti nails and jewelry	ning, hair restraint,					Sewage	and wast	tewater properly disposed		
	Wiping	g cloths: properly used and store								operly constructed, supplied, cleaned		
	Fruits	and vegetables washed before	use			1				roperly disposed; facilities maintained installed, maintained, and clean		+
Person in Ch	arge /T	itle: , , , , , ,	-1: 1.01.11			1	<u> </u>	i iiyaica		Date:	<u> </u>	
Inspector:		itle: Unable to sign inspe	ection at this time	₿.	Tal	lenho	ne No	EDH	S No. F	Follow-up: Yes	N	No
mapector.	m	list F. (161	ισμιισι	IIC INO	. ===		Follow-up. res Follow-up Date:	ı	NO

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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS	ADDRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	ION	TEMP. ir	۱° F				
Code		PRIORITY I	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	n to an acceptable level, haza ! hours or as stated.	ards associate	d with foodborne illness	(date)			
Code		CORE ITE	EMS			Correct by	Initial		
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or s s). These items are to be correc	structures, equipment design, sted by the next regular insp	general maint pection or as	enance or sanitation stated.	(date)			
		EDUCATION DE CO	IDED OD COM IEVES						
		EDUCATION PROV	IDED OR COMMENTS						
Person in Ch	erson in Charge /Title: Unable to sign inspection at this time. Date:								
Inspector:	unable to sign in.	SPOUTION OF THIS TIME.	Telephone No.	EPHS No.	Follow-up:	Yes	No		
	Mlane J L.		Totophone 140.	2	Follow-up Date:		. 10		



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	or injury. These items must receiv	E IMMEDIATE ACTION WITHIN 12	z nours or as stated.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE ITI , 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	
		EDUCATION PROV	IDED OR COMMENTS					
		EDUCATION PROV	IDED OK COMMEN 12					
Person in Ch	narge /Title:	and a little of the second			Date:			
Inspector:	Manue Lil	spection at this time.	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	



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Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilit	DRE ITEMS ties or structures corrected by the	equipment design, e next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial
				R COMMENTS				
		EDOCATION	I NOVIDED OI	COMMENTS				
Person in Ch	erson in Charge /Title: Unable to sign inspection at this time. Date:							
Inspector:	Maniet Lil	DISTRIBUTION: WHITE - OWN		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



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	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN	/2 hours or as stated.				
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE I', operational controls, facilities of S). These items are to be corre	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
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Person in Ch	arge /Title: Unable to sign inspi	ection at this time.			Date:		
Inspector:	Mhinif Lil	7	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No

MO 580-1814 (9-13) DISTRIBUTION: WHITE – OWNER'S COPY CANARY – FILE COPY



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

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Code Reference	Core items relate to general sanitation	CORE ITEMS n, operational controls, facilities or structu s). These items are to be corrected by	ures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (550)	s). These items are to be corrected it	y the next regular map	occiton or as	Stated.		
		EDUCATION PROVIDED	OR COMMENTS				
Person in Ch	narge /Title: Unable to sian in	nspection at this time.			Date:		
Inspector:	Mhine J. I	ı	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
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	of injury. These terms in our reserve	E IMMESIATE ACTION WILLIAM	2 Hours of as stated.					
Code		CORE IT	FMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or	structures, equipment design,	general maint	enance or sanitation stated.	(date)	mica	
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	"wante and				i ollow-up Date.			

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