

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	Y BE SPEC	CIFIED I	N WRIT	ING BY T	HE REC	GULA	TORY AUTHORITY. FAI			
WITH ANY TIME LIMITS ESTABLISHMENT N	OWNER:	AY RESUL	I IN CE	SATIO	N OF YOU	JRFUC		PERSON IN CHARG	GE:			
ADDRESS:			ESTABLISHMENT NUMBER			ER:	COUNTY:					
CITY/ZIP:		PHONE:		FAX					P.H. PRIORITY :	н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE		l Mer F.P.		GROCEF	RY STOR	E		STITUTION MP.FOOD	MOBILE \	'ENDOF	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable PUBLIC License No. PRIVATE			;		UPPLY IUNITY				MUNITY I	PRIVATE Results		
License No		RISK FACT		D INTE	RVENT	IONS						
	preparation practices and employee							ontrol	and Prevention as contrib	outing fact	ors in	_
Compliance	eaks. Public health interventions Demonstration of Kn		- ·		ne illnes: mpliance	s or injury	<u>.</u>	Po	otentially Hazardous Foo	ds	CC	S R
IN OUT	Person in charge present, demor	<u> </u>		IN	OUT N	/0 N/A	Prope		ing, time and temperatur			
	and performs duties Employee Hea	lth		IN (OUT N	/0 N/A	Prope	r rehe	eating procedures for hot	holding		
IN OUT	Management awareness; policy	present		IN (OUT N	/O N/A			ng time and temperature	s		
IN OUT	Proper use of reporting, restrictio Good Hygienic Pra				<u>OUT N</u> OUT	I/O N/A N/A			olding temperatures holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose ar			IN	OUT N	1/0 N/A			marking and disposition ublic health control (proce	oduroo /		
IN OUT N/O				IN	OUT N	I/O N/A	record			equies /		
IN OUT N/O	Preventing Contamination Hands clean and properly washe			IN	OUT	N/A			Consumer Advisory dvisory provided for raw	or		
IN OUT N/O	No bare hand contact with ready						undercooked food Highly Susceptible Populations					
IN OUT	approved alternate method prope Adequate handwashing facilities			IN	OUT N	/O N/A			ed foods used, prohibited foods not			
	accessible Approved Sour					/0 N/A	offered Chemical					
IN OUT	Food obtained from approved so	urce		IN	OUT	N/A			es: approved and proper			
IN OUT N/O N/A	Food received at proper tempera	ture		IN	OUT	T Toxic substances properly identified, stored a used					d	
IN OUT	Food in good condition, safe and			Conformance with Approved Procedure								
IN OUT N/O N/A	Required records available: shell destruction			IN OUT N/A Compliance with approved Specialized Proce and HACCP plan					ed Proces	8		
IN OUT N/A	Protection from Conta Food separated and protected	amination		The	letter to	the left of	f each it	em ind	dicates that item's status	at the time	e of the	
IN OUT N/A	Food-contact surfaces cleaned &	sanitized			ection.							
	Proper disposition of returned, pr			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O	reconditioned, and unsafe food					Correcte	d On Si	te	R=Repeat Item			
	Good Retail Practices are prevent		OD RETAIL			aens che	emicals	and	obysical objects into food	9		
IN OUT	Safe Food and Water		COS R	IN	OUT	gens, en	cifficalo,		er Use of Utensils	5.	COS	R
	urized eggs used where required			_					rly stored nd linens: properly stored	d dried		
Water						handled	· · ·			, ,		
Adequ	Food Temperature Contr Jate equipment for temperature cor					Single-u Gloves u			vice articles: properly stor	red, used		
Appro	ved thawing methods used						Uten	sils, E	equipment and Vending			
Thern	nometers provided and accurate								ntact surfaces cleanable, l, and used	properly		
Food Identification						Warewas strips us	shing fa	cilities	s: installed, maintained, u	ised; test		
Food properly labeled; original container									ices clean			
Prevention of Food Contamination Insects, rodents, and animals not present				_		Hot and	cold wa		ysical Facilities ailable; adequate pressu	re		
Contamination prevented during food preparation, storage									oper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint,			+		Sewage	and wa	stewa	ter properly disposed				
fingernails and jewelry Wiping cloths: properly used and stored				_		Toilet far	cilities: r	oroner	ly constructed, supplied,	cleaned		
Fruits and vegetables washed before use						Garbage	e/refuse	prope	rly disposed; facilities ma	aintained		
Person in Charge /1	-itle.					Physical	facilitie	s insta Date	alled, maintained, and cle	ean		
r erson in Charge / I	me. Bunda Boh	nest						Date	5.			
Inspector:	itte: Brinder Both Manuf Time		T	elepho	ne No.	EPH	S No.		ow-up: `` ow-up Date:	Yes		No
MO 580-1814 (9-13)	· · ·	DISTRIBUTION: WHITE -	OWNER'S COP	ΡY	C	ANARY - FI	LE COPY					E6.37



N BEEEE		SPECTION REPORT			PAGE ² of		
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCATI	NC	TEMP. i	n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY IT elimination, prevention or reduction VE IMMEDIATE ACTION within 72	EMS to an acceptable level, hazard hours or as stated.	ds associated	with foodborne illness	Correct by (date)	Initial
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Code Reference	Core items relate to general sanitation standard operating procedures (SSO	CORE ITE n, operational controls, facilities or st Ps). These items are to be correct	ructures, equipment design, g	eneral mainte	nance or sanitation tated.	Correct by (date)	Initial
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Person in Ch	harge /Title:	shrut			Date:		
Inspector:	narge /Title: Minder B Minnet Fil				Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE CO				E6.37A

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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIF	5					
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Person in Ch	narge /Title: Prinder B Mannie Friel	shrut	Telephone No.	EPHS No.	Date: Follow-up:	Yes	No			
Inspector: MO 580-1814 (9-13	Manuf Lil	DISTRIBUTION: WHITE - OWNER'S COP			Follow-up: Follow-up Date:	162	NO E6.37A			

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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP					
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