

TIME IN TIME OUT DATE PAGE 1 of

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERI WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED	OD OF TIME AS MA	AY BE SPEC	IFIED I	N WRIT	TING BY T	HE REGUL	ATORY AUTHORITY. F	AILURE TO		
STABLISHMENT NAME: OWNER:							PERSON IN CHARGE:			
ADDRESS:			ESTABLISHMENT NUMBER:				COUNTY:			
CITY/ZIP:	CITY/ZIP: PHONE:			FAX:			P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR C		l MER F.P.						MOBILE V	ENDOF	RS
PURPOSE Pre-opening Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disapproved Not Applicable PUBLIC			COMMUNITY NON-COMMUNITY PRIVATE							
License No	RISK FACT		INTE	RVENT	TIONS					
Risk factors are food preparation practices and employee foodborne illness outbreaks. Public health interventions a							ol and Prevention as cont	ributing facto	ors in	
Compliance Demonstration of Kno	wledge			mpliance			Potentially Hazardous Fo		CC	DS R
IN OUT Person in charge present, demons and performs duties	strates knowledge,		IN (OUT N	N/O N/A	Proper co	oking, time and temperat	ure		
Employee Healt			IN (N/O N/A		heating procedures for he			
IN OUT Management awareness; policy p IN OUT Proper use of reporting, restriction			IN (N/O N/A		oling time and temperatu t holding temperatures	res	_	
Good Hygienic Prac	tices		IN	OUT	N/A	Proper col	ld holding temperatures	-		
IN OUT N/O Proper eating, tasting, drinking or IN OUT N/O No discharge from eyes, nose and							te marking and dispositio public health control (pro			
Preventing Contamination	by Hands		IN		N/O N/A	records)	Consumer Advisory		_	
IN OUT N/O Hands clean and properly washed						Consumer undercook	r advisory provided for ra	advisory provided for raw or		
	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Highly Susceptible Populations				
IN OUT Adequate handwashing facilities s accessible						Pasteurize offered	d foods used, prohibited foods not			
Approved Source				0.U.T			Chemical			
	Frederic Conductor and a construction of the second s				Food additives: approved and properly used Toxic substances properly identified, stored and					
				001		used	rmance with Approved P	mance with Approved Procedures		
i ocu in good contaition, caro ana	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite						ce with approved Specialized Process			
Protection from Contar	nination					anu naoc				
IN 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 inspection.							
IN OUT N/A Food-contact surfaces cleaned & Proper disposition of returned, pre				IN =	in complia = not appl		OUT = not in complian N/O = not observed	ice		
IN OUT N/O reconditioned, and unsafe food				COS		d On Site				
Good Retail Practices are preventa		OD RETAIL			ogens ch	emicals and	d physical objects into for	ode		
IN OUT Safe Food and Water		COS R	IN	OUT			oper Use of Utensils	Jus.	COS	R
Pasteurized eggs used where required Water and ice from approved source			_			tensils: prop	perly stored and linens: properly stor	ed dried	+	
			_		handled	, I I	,	, ,	<u> </u>	
Food Temperature Contro Adequate equipment for temperature cont			_			se/single-se used properl	ervice articles: properly st lv	ored, used		
Approved thawing methods used						Utensils,	Equipment and Vending			
Thermometers provided and accurate							contact surfaces cleanabl ed, and used	e, properly		
Food Identification	Food Identification				Warewa strips us		es: installed, maintained,	used; test		
Food properly labeled; original container	d properly labeled; original container Nonfood-conta			I-contact surfaces clean						
	Prevention of Food Contamination Hot and Hot and Hot and			Physical Facilities nd cold water available; adequate pressure						
Contamination prevented during food preparation, storage			1				proper backflow devices		1	
and display Personal cleanliness: clean outer clothing fingemails and invelor	, hair restraint,				Sewage	and wastev	vater 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			perly disposed; facilities r stalled, maintained, and c				
Person in Charge /Title: *Emailed to rubuluction	IF and all a sur	I			i iiyəlud		ate:		1	1
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Inspector: Meliniu Jones Katty Down	DISTRIBUTION: WHITE -		•		CANARY - FI	Fo	illow-up: illow-up Date:	Yes		No E6.37



MRCCCX					PAGE ² of		
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP			
FO	DD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LC			TEMP. ii	n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEN	PRIORITY IT elimination, prevention or reduction VE IMMEDIATE ACTION within 72	EMS to an acceptable level, hazards hours or as stated.	s associated	with foodborne illness	Correct by (date)	Initial
							JR
							JR
							JR
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities on st	MS Woctures, equipment design, ge	neral mainter	nance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSO	-s). These items are to be correct	ed by the next regular inspec	tion of as si	ated.		JR
							JR
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							10
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		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	emailed to rub;	vjustin15@gmail.com			Date:		
Inspector:	Million former Katter				Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE – OWNER'S COP	Y CANARY – FILE COP	Y			E6.37A

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FOOD PRODUCT/LOCA	TION	TEMP. in ° F FOOD PRODUCT/ Lo			T/ LOCAT	ON	TEMP. ir	n°F
Code Reference Priority items contribute or injury. These items	e directly to the elim MUST RECEIVE IN	L PRIORI ination, prevention or redu IMEDIATE ACTION withi	ITY ITEMS uction to an acceptable in 72 hours or as state	level, hazarc ed.	ls associated	I with foodborne illness	Correct by (date)	Initial
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Code Reference Core items relate to ge	neral sanitation, ope	CORE erational controls, facilities These items are to be co	E ITEMS s or structures, equipme	ent design, ge	eneral mainte	enance or sanitation	Correct by (date)	Initial
standard operating pro-	cedules (SSOFS).			egulai ilispe		stateu.		JR
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Demonsion Obours (Titles						Deter		
		in15@gmail.com	Telepho		PHES No.	Date: Follow-up:	Yes	No
Inspector: Millionin of Thomas	Katity Poc	Not and a start	releptio		<u>L</u> O NO.	Follow-up. Follow-up Date:	103	INU

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ESTABLISHMEN	IENT NAME ADDRESS C			CITY /ZIF			
FO	DD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LC			TEMP. ir	n°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	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitatior	CORE ITE	MS	neneral mainte	anance or sanitation	Correct by (date)	Initial
Reference	standard operating procedures (SSOF	Ps). These items are to be correct	ted by the next regular insp	ection or as	stated.	(ddic)	
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		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:				Date:		
	cinality to ruby	justin15@gmail.com	Telephone No.	PHES No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Chining Florence Kattery A	DISTRIBUTION: WHITE - OWNER'S COP			Follow-up Date:		E6.37A



FOOD ESTABLISHMENT INSPECTION REPORT					PAGE ⁵ of				
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF)				
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	۱°F		
Code		PRIORITY IT	EMS			Correct by	Initial		
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l									
Code Reference	Core items relate to general sanitation	CORE ITEI , operational controls, facilities or stu	ructures, equipment design, g	general mainte	enance or sanitation	Correct by (date)	Initial		
	standard operating procedures (SSOF	s). These items are to be correct	ed by the next regular insp	ection or as s	stated.		JR		
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Person in Ch	arge /Title: *Emailed to rubvii	1stin15@gmail.com			Date:				
Inspector:	albin f Honors Katter		Telephone No.	PHES No.	Follow-up:	Yes	No		
MO 580-1814 (9-13)			Y CANARY – FILE CO	OPY	Follow-up Date:		E6.37A		