

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

TIME IN	TIME OUT
DATE	PAGE 1 of

NEXT R	ROUTINE	E INSPE		ORTER PERI	OD OF TIME AS	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REGU	ACILITIES WHICH MUST BE CORRECT LATORY AUTHORITY. FAILURE TO			
		MENT N		S SFECII IED	OWNER:	WATK	.30L1	IN CL	SSATI	<u> </u>	<u>OKTOOD</u>	PERSON IN CHARGE:			
ADDF	RESS:							ESTABLISHMENT NUMBER: COUNTY:			: COUNTY:				
CITY	ZIP:				PHONE:	FAX:					P.H. PRIORITY: H	М	L		
E	ESTABLISHMENT TYPE BAKERY C. STORE CATERER DEL RESTAURANT SCHOOL SENIOR CENTER SUM				ELI JMMER F	F.P.		GROCE AVERI	ERY STOF		INSTITUTION MOBILE V	ENDOR	S		
	PURPOSE Pre-opening Routine Follow-up Complaint Of				Oth	ner									
FROZEN DESSERT Approved Disapproved Not Applicable SEWAGE DISPOS PUBLIC						VATER SUPPLY COMMUNITY NON-COMMUN									
	Licens	e No			PRIV						Date Sa	ampled Results			
					RISK FA										
			oreparation practices a eaks. Public health in									rol and Prevention as contributing factor	ors in		
Complia			Demons	tration of Kno	wledge	COS			mplianc			Potentially Hazardous Foods	CO	S R	
IN C	UT		Person in charge pre and performs duties	sent, demons	strates knowledge	,		IN	OUT	N/O N/A	Proper co	ooking, time and temperature			
				nployee Healt	h			IN	OUT	N/O N/A	Proper r	eheating procedures for hot holding			
	DUT		Management awarer					_		N/O N/A		poling time and temperatures			
IN C	DUT		Proper use of reporti	ng, restriction Hygienic Prac					OUT OUT	N/O N/A N/A		ot holding temperatures old holding temperatures			
IN C	UT N/0)	Proper eating, tasting						OUT	N/O N/A		ate marking and disposition			
IN C	OUT N/	0	No discharge from e	yes, nose and	mouth			IN	OUT	N/O N/A		a public health control (procedures /			
			Preventing (Contamination	ı by Hands		-	1			records)	Consumer Advisory			
IN C	OUT N/O)	Hands clean and pro	perly washed				IN	OUT	N/A		er advisory provided for raw or			
			No bare hand contact	t with ready-to	n-eat foods or							oked food Highly Susceptible Populations			
IN C	OUT N/O	3	approved alternate m	nethod proper	ly followed										
IN C	IN OUT Adequate handwashing facilities accessible						IN	OUT	N/O N/A	Pasteuriz offered	zed foods used, prohibited foods not				
IN C	UT		Food obtained from a	proved Source				INI	OUT	N/A	Food add	Chemical ditives: approved and properly used			
	OUT N/	O N/A	Food received at pro					IN OUT		Toxic substances properly identified, stored and used		1			
IN C	UT		Food in good condition								Conformance with Approved Procedures				
IN O	UT N/	O N/A	Required records available destruction			;		IN	OUT	N/A	and HAC	nce with approved Specialized Process CP plan			
IN O	UT	N/A	Food separated and	n from Contan	IIIIalioii			The	letter t	o the left o	f each item	indicates that item's status at the time	of the		
			Food-contact surface		sanitized		-	inspection.							
IN C	DUT	N/A	Proper disposition of					IN = in compliand N/A = not applica							
IN C	DUT N/	С	reconditioned, and u					COS=Corrected On Site R=Repeat Item							
					G	GOOD RE	ETAIL	PRAC ¹	ΓICES						
IN	OUT				tive measures to c	control the	e intro R	duction	of pati	hogens, ch		nd physical objects into foods.	cos	R	
IIN	001	Paste	urized eggs used wher	and Water e required		003	K	IIN	001	In-use u		roper Use of Utensils operly stored	003	K	
			and ice from approved							Utensils	, equipmer	nt and linens: properly stored, dried,			
			Food Tempe	rature Contro	ı					handled Single-		service articles: properly stored, used			
		Adequ	ate equipment for tem	perature cont	rol						used prope	erly			
			ved thawing methods u								Utensils	s, Equipment and Vending			
		Therm	nometers provided and	accurate								-contact surfaces cleanable, properly sted, and used			
		Food Identification							Warewa	ashing facili	ties: installed, maintained, used; test				
	Food properly labeled; existing container				-	+		strips us		urfaces clean		+			
		Food properly labeled; original container Prevention of Food Contamination					+		INUITION	u-contact St	Physical Facilities		1		
	Insects, rodents, and animals not present									available; adequate pressure					
Contamination prevented during food preparation, storage and display							Plumbir	ng installed;	proper backflow devices						
Personal cleanliness: clean outer clothing, hair restraint,				1		Sewage	and waste	ewater properly disposed		1					
fingernails and jewelry Wiping cloths: properly used and stored				1	-		Toilet fo	ncilities: nro	perly constructed, supplied, cleaned		+				
		Fruits	and vegetables washe	d before use				1				operly disposed; facilities maintained		+	
			•								l facilities ir	nstalled, maintained, and clean			
Perso	on in Ch	narge /T	itle:	f/1.							D	ate:			
Inspe	ctor:	m,	1. 17 0	1			Te	elepho	ne No	. EPH		ollow-up: Yes	1	No	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD	FSTARI	ISHMENT	INSPECTIO	N REPORT
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ESTABLISHMENT NAME		ADDRESS	ADDRESS			CITY/ZIP		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. ir	n ° F	
Code		PRIORIT	YITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduc E IMMEDIATE ACTION within	tion to an acceptable level, haza 72 hours or as stated.	irds associate	d with foodborne illness	(date)		
							f/,	
							/ /	
							,,,	
							t/,	
Code Reference	Core items relate to general sanitation	CORE, operational controls, facilities of	or structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOP	s). These items are to be cor	rected by the next regular insp	ection or as	stated.		" /	
							H/,	
							" '	
							f/,	
							,	
							f/2	
							, ,	
							H/L.	
							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		EDUCATION PRO	OVIDED OR COMMENTS					
Person in Ch	arge /Title:				Date:			
Inspector:	<i>TY</i> ,		Telephone No.	EPHS No.	Follow-up:	Yes	No	
opeotor.	Milinthal		relephone No.		Follow-up Date:	. 00	140	



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ESTABLISHMEN [*]	STABLISHMENT NAME			CITY/ZII	CITY/ZIP			
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Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilit	ORE ITEMS ties or structures, equipment design, corrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							H,	
							H,	
							H,	
		EDUCATION	PROVIDED OR COMMENTS					
Person in Ch	arge /Title:				Date:			
Inspector: MO 580-1814 (9-13)	MalinfL	DISTRIBUTION: WHITE – OWN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A	



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	or injury. These items most receive	E IMMEDIATE ACTION WITHIN	/2 nours or as stated.						
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE I' , operational controls, facilities or Ps). These items are to be corre	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
							H,		
							th,		
							th,		
							H,		
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		EDUCATION PRO	VIDED OR COMMENTS						
Person in Ch	arge /Title:				Date:				
Inspector:	Main f Zil		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		



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							H,	
							th,	
							H,	
							HJ,	
		EDUCATION PRO	VIDED OR COMMENTS					
Person in Ch	narge /Title:				Date:			
Inspector:	mli 17.1		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	