

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

TIME IN TIME OUT DATE PAGE 1 of

WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS ESTABLISHMENT NAME: OWN							PERATIONS. PERSON IN CHARGE:				
ADDRESS:			ESTABLISHMENT N				COUNTY:				
CITY/ZIP:	PHONE:					NOMBER.					
				FAX:				P.H. PRIORITY :	Н	Μ	L
ESTABLISHMENT TYPE BAKERY RESTAURANT PURPOSE	C. STORE CATERE SCHOOL SENIOR		I MER F.P.		GROCE AVERN	RY STOR		NSTITUTION EMP.FOOD	MOBILE	VENDO	RS
Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSER Approved Dis	SEWAGE DISPOS PUBLIC PRIVA					MMUNITY PRIVATE npled Results					
License No		RISK FAC		D INTE	RVENT	TIONS		·			
Risk factors are food	preparation practices and employe						ease Control	and Prevention as contr	ributing fac	tors in	_
foodborne illness outbr Compliance	eaks. Public health intervention Demonstration of Ki				ne illnes	, ,		Potentially Hazardous Fo	ode		COS
	Person in charge present, demo	0	000			N/O N/A		king, time and temperati			
	and performs duties Employee He	alth	+ + + + + + + + + + + + + + + + + + +			V/O N/A	Proper reh	neating procedures for ho	ot holding		
IN OUT	Management awareness; policy	present		IN	OUT N	N/O N/A Proper co		oling time and temperatures			$\pm$
IN OUT	Proper use of reporting, restricti Good Hygienic Pr							per hot holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking of	or tobacco use				N/O N/A	Proper date	e marking and disposition			
IN OUT N/O	No discharge from eyes, nose a	nd mouth		IN	OUT N	N/O N/A	Time as a records)	public health control (pro	cedures /		
	Preventing Contaminati							Consumer Advisory			
IN OUT N/O Hands clean and properly washed		ea	IN OUT N/A			N/A	Consumer advisory provided for raw or undercooked food				
IN OUT N/O	No bare hand contact with ready approved alternate method prop						Hi	ighly Susceptible Popula	tions		
IN OUT Adequate handwashing facilities su				IN	IN OUT N/O N/A Pasteurize		d foods used, prohibited foods not				
	accessible Approved Sou	irce					ollered	Chemical			
IN OUT						N/A	Food additives: approved and properly used Toxic substances properly identified, stored and				
IN OUT N/O N/A	Food received at proper temper	alure		IN	used			stances properly identified, stored and		ia	
IN OUT	Food in good condition, safe an				Cor			formance with Approved Procedures nce with approved Specialized Proces		20	
IN OUT N/O N/A	N/A Required records available: shellstock tags, pa destruction			IN			and HACC				
IN OUT N/A	Protection from Cont Food separated and protected	amination		The	letter to	the left o	f each item ir	ndicates that item's statu	s at the tim	ne of the	د
IN OUT N/A	Food-contact surfaces cleaned & sanitized				The letter to the left of each item indicates that item's status at the time of the inspection.						
	Proper disposition of returned previously served			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed				ce			
IN OUT N/O	reconditioned, and unsafe food					=Correcte	d On Site	R=Repeat Item			
	Good Retail Practices are preven		OD RETAI			ogens ch	emicals and	physical objects into for	ds		
IN OUT	Safe Food and Water		COS R		OUT	egene, en	,	per Use of Utensils		COS	S R
	urized eggs used where required r and ice from approved source					In-use utensils: prope		perly stored t and linens: properly stored, dried,			
Wate						handled	ed				
Adog	Food Temperature Con uate equipment for temperature co			Single-use/single-service articles: properly s Gloves used properly			ored, used				
Appro						Utensils,	Equipment and Vending				
Therr	nometers provided and accurate						d nonfood-co	ontact surfaces cleanable	e, properly		
Food Identification Food properly labeled; original container					designed, constructed, and used Warewashing facilities: installed, maintained, us strips used Nonfood-contact surfaces clean			used; test		_	
								aces clean			_
	ination					Р	Physical Facilities				
	Insects, rodents, and animals not present				Hot and cold water ava			vailable; adequate press proper backflow devices			
Contamination prevented during food preparation, storage and display											
	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Sewage and wastewater properly disposed						
Wiping cloths: properly used and stored					Toilet facilities: properly constructed, sup						1
Fruits	and vegetables washed before us	se			Garbage/refuse properly disposed; facilities main Physical facilities installed, maintained, and clear					+	
			I			., 5.00	Dat				
Person in Charge /	Itle: B.N. I OM	$\mathbf{L}$					Da	le.			
Person in Charge /	1the Belnda Rolling	t		elepho	no No			low-up:	Yes		No



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MRECEN	POOD ESTABLISHMENT INSPECTION REPORT						
ESTABLISHMENT NAME		ADDRESS	CITY/ZI	ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/			ION	TEMP. in ° F	
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72 I	to an acceptable level, haza nours or as stated.	rds associate	d with foodborne illness	(date)	
							BR
							0.0
							Bh
							Bh
Code Reference	Core items relate to general sanitation	CORE ITEM n, operational controls, facilities or str	uctures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSO	Ps). These items are to be corrected	ed by the next regular insp	ection or as	stated.		
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	arge /Titte:	1.			Date:		
	arge /Title: Delinde Rolince, attyw Feaut.	<i>t</i>	Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Junya Juna.	DISTRIBUTION: WHITE - OWNER'S COPY	-	OPY	Follow-up Date:		E6.37A

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