

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 ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPONTH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESURESTABLISHMENT NAME: OWNER:											
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBE	R: COUNTY:			
CITY/ZIP: PHONE:			FAX	:			P.H. PRIORITY: H	М	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATE		LI MMER F.F)		GROC	ERY STOR	RE	INSTITUTION MOBILE V	ENDOR:	S
PURPOSE Pre-opening	Routine Follow-up								TEIVIF I OOD		
FROZEN DESSER		SEWAGE DISPOS	AL V	VAT	ER S	UPPL	Υ				
		PUBLI PRIVA		COMMUNITY			ΙΥ		OMMUNITY PRIVATE Sampled Results		
Electrice ive.		RISK FAC		ND	INTE	RVEN	NTIONS				
	d preparation practices and emplo breaks. Public health interventio								trol and Prevention as contributing factor	rs in	
Compliance	Demonstration of		cos	R		mpliand		j.	Potentially Hazardous Foods	COS	S R
IN OUT	Person in charge present, der	monstrates knowledge,			IN	OUT	N/O N/A	Proper	cooking, time and temperature		
	and performs duties Employee F	lealth	-	-		OUT	N/O N/A	Proper	reheating procedures for hot holding	-	-
IN OUT	Management awareness; poli					OUT	N/O N/A		cooling time and temperatures	_	
IN OUT	Proper use of reporting, restri	ction and exclusion			IN	OUT	N/O N/A	Proper l	Proper hot holding temperatures		
IN OUT N/O	Good Hygienic Proper eating, tasting, drinking					OUT	N/A N/O N/A		cold holding temperatures date marking and disposition	_	
	No discharge from eyes, nose					OUT		Time as	s a public health control (procedures /	-	
IN OUT N/O					IN	001	N/O N/A	records			
	Preventing Contamin Hands clean and properly was		_					Consum	Consumer Advisory ner advisory provided for raw or		
IN OUT N/O	,				IN	OUT	N/A		poked food		
IN OUT N/O	No bare hand contact with rea approved alternate method pr								Highly Susceptible Populations		
IN OUT	Adequate handwashing facilit accessible				IN	OUT	N/O N/A	Pasteur offered	rized foods used, prohibited foods not		
	Approved S	ource							Chemical		
IN OUT	Food obtained from approved				IN	OUT	N/A		dditives: approved and properly used		
IN OUT N/O N/					IN	OUT		used	ubstances properly identified, stored and		
IN OUT	Food in good condition, safe a Required records available: sl				INI	OUT	N1/A		nformance with Approved Procedures ance with approved Specialized Process		
IN OUT N/O N/	A destruction Protection from Co	• • • • • • • • • • • • • • • • • • • •		-	IIN	001	N/A		CCP plan		
IN OUT N/A	Facel concented and masteretes				The	letter	to the left o	of each iter	m indicates that item's status at the time	of the	
	N/A		1	inspection.					01 1110		
IN OUT N/O Proper disposition of returned, previously served,				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item							
331 14/0	reconditioned, and unsafe foo		OOD RET	VII L	DDACT	_		ed On Site	e R=Repeat Item		
	Good Retail Practices are prev							nemicals a	and physical objects into foods		
IN OUT	Safe Food and Wa		COS	R	IN	OUT			Proper Use of Utensils	cos	R
	teurized eggs used where require	d							roperly stored		
vvat	er and ice from approved source						handled		ent and linens: properly stored, dried,		
	Food Temperature Co	ontrol							-service articles: properly stored, used		
	quate equipment for temperature	control					Gloves	used prop			
	roved thawing methods used rmometers provided and accurate	,					Food ar		ils, Equipment and Vending d-contact surfaces cleanable, properly		
The	imometers provided and accurate	,					designe	ed, constru	icted, and used		
	Food Identification	n					Warewa strips us	-	ilities: installed, maintained, used; test		
Food	d properly labeled; original contain						Nonfoo	d-contact s	surfaces clean		
Inse	Prevention of Food Conta ects, rodents, and animals not pre-						Hot and	l cold wate	Physical Facilities er available; adequate pressure	┞──	
Con	tamination prevented during food display				1				d; proper backflow devices		
Pers	sonal cleanliness: clean outer clot	hing, hair restraint,			1		Sewage	e and wast	tewater properly disposed		
Wipi	ernails and jewelry ing cloths: properly used and stor	ed	+		t		Toilet fa	acilities: pr	operly constructed, supplied, cleaned		1
Fruit	ts and vegetables washed before	use					Garbag	e/refuse p	roperly disposed; facilities maintained		
Person in Charge	/Title·				1		Physica		installed, maintained, and clean Date:		1
_								['			
Inspector: Vatily	m Peaux			Tel	lepho	ne No). EPH		Follow-up: Yes Follow-up Date:	N	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	FSTARI	ISHMENT	INSPECTIO	N REPORT
OOD	LOIADL		INSELUTIO	

PAGE 2 of

ESTABLISHMEN	T NAME	ADDRESS		CITY/ZI	P		
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/			TION	TEMP. ir	n° F
Code		PRIORITY I	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIVED	elimination, prevention or reduction VE IMMEDIATE ACTION within 72	n to an acceptable level, haza hours or as stated.	ards associate	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE n, operational controls, facilities or s Ps). These items are to be correct	tructures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial
	, , , , , , , , , , , , , , , , , , ,	,					BR
		EDUCATION PROVI	DED OR COMMENTS				
		2505/1101111011					
Person in Ch	narge /Title: Bolin da Rollingurt				Date:		
Inspector: V	atrlyn Perunt		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No