

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 INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	Y BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	ULATORY AUTHOR				
ESTABLISHMENT N		IN THIS NOTICE MAY RESULT IN CE OWNER:			55ATIOI	N OF YOU	JRFUU		PERSON IN CHARGE:			
ADDRESS:	•	EST	ABLISH		NUMBE	R: COUNTY:	COUNTY:					
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIOR	RITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREI SCHOOL SENIOR		l Mer F.P.		GROCEF	RY STOR	E	INSTITUTION TEMP.FOOD		MOBILE	VENDO	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Dis- License No.				NON-COMMUNITY PRIVATE Date Sampled Results								
		RISK FACT		D INTE	RVENT	IONS						
	preparation practices and employed							ntrol and Prevention	as contri	buting fac	ctors in	
Compliance	eaks. Public health interventions Demonstration of Kn				ne ilines: mpliance	s or injury	<u>.</u>	Potentially Hazar	dous Foo	ods	С	OS F
IN OUT	Person in charge present, demor	<u> </u>		IN (OUT N	/O N/A	Proper	er cooking, time and temperature				
	and performs duties Employee Hea	lth		IN (/0 N/A				t holding		
IN OUT	Management awareness; policy present			IN (OUT N	/O N/A	Proper	cooling time and ter	ling time and temperatures			
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT N</u> OUT	I/O N/A N/A			t holding temperatures Id holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking o	r tobacco use			OUT N		Proper	date marking and di	e marking and disposition			
IN OUT N/O	No discharge from eyes, nose ar	nd mouth		IN	OUT N	I/O N/A	Time a records	s a public health cor	ntrol (proc	edures /		
	Preventing Contamination							Consumer A				
IN OUT N/O	Hands clean and properly washe	d		IN	OUT			ooked food	advisory provided for raw or ed food			
IN OUT N/O	No bare hand contact with ready approved alternate method prope							Highly Susceptible	lighly Susceptible Populations			
IN OUT	Adequate handwashing facilities			IN (ed foods used, prohibited foods not			
	accessible Approved Sour	се					offered	Chemic	al			
IN OUT	N OUT Food obtained from approved sour			IN				ives: approved and properly used				
IN OUT N/O N/A	IN OUT N/O N/A Food received at proper temperate			IN	IN OUT I OXIC SU used		substances properly	stances properly identified, stored and				
IN OUT	Food in good condition, safe and unadult							Conformance with Approved Procedures npliance with approved Specialized Process				
IN OUT N/O N/A	destruction			IN			ACCP plan					
	Protection from Conta Food separated and protected	amination	+ +	Tho	lottor to	the left of	Foach ite	m indicatos that iton	n'e etatue	at the tin	no of the	
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 inspection.								
	Proper disposition of returned previously served			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item								
	Good Retail Practices are prevent		OD RETAI			aona ah	omioala	and physical chicots	into foor	10		
IN OUT	Safe Food and Water				OUT	gens, che		Proper Use of Utens		15.	COS	R
	Pasteurized eggs used where required					In-use utensils: prope						
vvater	r and ice from approved source				Utensils, e handled			e, equipment and linens: properly stored, dried,				
	Food Temperature Contr							e-service articles: pro	operly sto	red, used		
	Adequate equipment for temperature contr Approved thawing methods used			_		Gloves u		perly sils, Equipment and `	Vendina			_
Them						and nonfood-contact surfaces cleanable, properly			, properly			
							ucted, and used cilities: installed, mai	ntained, ı	used; test		_	
Food					strips us	ed			,			
Food	nation				Nontood	od-contact surfaces clean Physical Facilities					+	
	ts, rodents, and animals not preser						nd cold water available; adequate pres			ıre		
	Contamination prevented during food preparation, stora and display					Plumbing	g installe	ed; proper backflow o	levices			
Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and was	stewater properly dis	posed	-		_
fingernails and jewelry Wiping cloths: properly used and stored						Toilet fac	pilet facilities: properly constructed, supplied, cleaned					
Fruits	and vegetables washed before us	e			Garbage/refuse properly disposed; facilities mai Physical facilities installed, maintained, and clea							
Person in Charge /T						FIIYSICAL	aciiities	Date:	a, and cle	Jan		
	Futter		,				<u></u>					
Inspector: Kattyp Recut			Т	elepho	ne No.	PHE		Follow-up: Follow-up Date:		Yes		No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S CO	PY	0	CANARY - FI						E6.37



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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	T/ LOCATION		TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	PRIORITY IT elimination, prevention or reduction /E IMMEDIATE ACTION within 72	EMS to an acceptable level, hazards hours or as stated.	s associated with foc	odborne illness	Correct by (date)	Initial
							£W
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE n, operational controls, facilities or st ²s). These items are to be correct	ructures, equipment design, ge	neral maintenance o t ion or as stated.	r sanitation	Correct by (date)	Initial
							Bay
							BU
							Bay
							Bas
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:			Date:			
Inspector:	Katilipo Recust		Telephone No.	HES No. Follow	-up:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE COP		-up Date:		E6.37A

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