

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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