

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 RO	JUTINE	INSPE	TION THIS DAY, THE ITEMS N CTION, OR SUCH SHORTER P	ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	HE RE	GULA	TORY AUTHORITY. FAILURE			
			OWNER:	N THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OWNER:					<i>I</i> D 01	PERSON IN CHARGE:					
ADDRESS:				I	ESTABLISHMENT NUMB				ER:	COUNTY:					
CITY/ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	N	l	L	
B/ RI	ISHMEN AKERY ESTAUI		C. STORE CATER SCHOOL SENIO		ELI MMER F	F.P.		GROCE AVERN	ERY STOR	!E		ISTITUTION MOBIL IMP.FOOD	E VEN	DORS	3
PURPOS Pr	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable				PUBLIC COMMUNITY NO					NON-COMMUNITY PRIVATE Date Sampled Results						
	License	No	-	PRIVA		VND	INITE	D\/ENI	ZIONS	Date	Oun	reco			
Risk fa	ctors a	e food r	preparation practices and employ							ease Co	ntrol	and Prevention as contributing	factors	in	
foodbor	rne illnes		eaks. Public health intervention	ns are control measur	es to pre	event fo	oodbor	ne illne	ss or injury				idotois		
Compliar	nce		Demonstration of Person in charge present, den		,-			Compliance		Dropor gool		otentially Hazardous Foods		COS	S R
IN OL	JT		and performs duties	.			IN OUT N/								
IN OI	LIT		Employee H Management awareness; police				IN IN		N/O N/A			eating procedures for hot holdin ing time and temperatures	g		_
IN OL			Proper use of reporting, restrict	tion and exclusion			_		N/O N/A			holding temperatures			_
IN OL	JT N/C	1	Good Hygienic F Proper eating, tasting, drinking			_		OUT	N/A			holding temperatures marking and disposition			_
	UT N/C		No discharge from eyes, nose						N/O N/A N/O N/A			public health control (procedures	; /		
114 00	- 14/0	,	Preventing Contamina	ation by Hands		-	IIN	001	IN/O IN/A	record	s)	Consumer Advisory			_
IN O	UT N/O)	Hands clean and properly was				IN	OUT	N/A			advisory provided for raw or			
IN OL	UT N/C)	No bare hand contact with rea					undercook				ghly Susceptible Populations			+
approved alternate method properties. Adequate handwashing facilities					IN				I foods used, prohibited foods n	ot		+			
			accessible Approved So	ource			 			offere	<u> </u>	Chemical			-
			Food obtained from approved	source			IN	OUT	N/A			ves: approved and properly use			
IN OUT N/O N/A Food received at p		Food received at proper temper	erature			IN OUT			Toxic substances properly identified, stored and used			and			
		Food in good condition, safe a							Conformance with Approved Procedures						
IN OL	IN OUT N/O N/A Required records available: shellst destruction			5 7 1			IN OUT N/A			Compliance with approved Specialized Process and HACCP plan					
			Protection from Co					1-444	- 41 1-64 -	£ !4	!		e	41	
IN OL		N/A	Food separated and protected				The letter to the left of each item inspection.				em in	dicates that item's status at the	time of	tne	
IN OUT N/A Food-contact surfaces cleaned &					IN = in compliance N/A = not applicab					OUT = not in compliance N/O = not observed					
IN O	IN OUT N/O Proper disposition of returned, proper disposition disposit					COS=Corrected On				te	R=Repeat Item				
					OOD RE										
IN	OUT		Good Retail Practices are preve Safe Food and Wat		ontrol the	e introd R	duction	of path	nogens, ch	emicals		physical objects into foods. er Use of Utensils		cos	R
	001	Pasteurized eggs used where required				- ` -	1	001		e utensils: properly stored				300	-
		Water	r and ice from approved source Food Temperature Control						Utensils			and linens: properly stored, dried	i,		
							1			use/single-service articles: properly stored, used			ed		
	Adequate equipment for temperature co Approved thawing methods used Thermometers provided and accurate								Gloves	es used properly					
			Ŭ				-		Food an			Equipment and Vending ntact surfaces cleanable, prope	rly		-
						designe		d, const	ructe	d, and used	,		ļ		
			Food Identification						strips us	strips used		s: installed, maintained, used; to	ะธเ		
		Food properly labeled; original container Prevention of Food Contamir Insects, rodents, and animals not presen					-		Nonfood	lot and cold water a		aces clean nysical Facilities			
				ent	_							vailable; adequate pressure			
	Contamination prevented during food pre and display							Plumbin	ing installed; proper backflow devices						
Personal cleanliness: clean outer clothing fingernails and jewelry		ning, hair restraint,					Sewage	ge and wastewater properly disposed							
		Wiping	g cloths: properly used and store						Toilet fa	facilities: properly constructed, suppl		rly constructed, supplied, cleane	ed		
		Fruits	and vegetables washed before	use					Garbage	e/refuse	prope	erly disposed; facilities maintain	ed		
Persor	n in Ch	arge /T	itle:/) 1 · · · · · · · · · · · · · · · · · ·	,		<u> </u>			Pnysica	ı tacılıtıe	s inst Dat	alled, maintained, and clean			
. 5.551	011	90 / 1	Delenda Kellerca	ut											
Inspec	ctor: V	attur	itle:Belinde Kellerge o Recourt			Te	lepho	ne No.	EPH	S No.		ow-up: Yes ow-up Date:		N	Ю



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

	FSTARI	ISHMENT	INSPECTIO	N REPORT
OOD	LOIADL		HINGELUIC	

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ESTABLISHMENT NAME		ADDRESS	ADDRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	F FOOD PRODUCT/ LOCATION			TEMP. in ° F			
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduct E IMMEDIATE ACTION within	/ ITEMS ion to an acceptable level, haza 72 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial		
							BR		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE I , operational controls, facilities o s). These items are to be corr	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
							BR		
		EDUCATION PRO	VIDED OR COMMENTS						
Person in Ch	narge /Title: Blinda Hiller	(a,t			Date:				
Inspector:	atily record	gar	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No		