

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	ROUTIN	IE INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REG	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO		
ESTABLISHMENT NAME:				OWNER:	D IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:				UR FOO	D OF	PERATIONS. PERSON IN CHARGE:			
ADDRESS:								ESTABLISHMENT NUMBER:			R:	COUNTY:		
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY : H	М	L
	BLISHME BAKER' RESTAI	Y						ERY STORE INSTITUTION MOBILE VEND N TEMP.FOOD				ENDOR	kS	
PURP	POSE Pre-ope	ning	Routine Follow-up	Complaint	Oth	er								
	ZEN DI	ESSERT Dis	approved Not Applicable	SEWAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY							MUNITY PRIVATE			
	Licen	se No		PRIV	ATE					Date	Sam	pled Results		
			•	RISK FAC										
			preparation practices and emplo eaks. Public health interventic								ntrol	and Prevention as contributing factor	ors in	
	liance		Demonstration of		COS			mpliance			Р	otentially Hazardous Foods	CO	S R
IN	OUT		Person in charge present, demonstrates knowledge,				IN OUT		N/O N/A	Proper cooking, time and temperature				
			and performs duties Employee F	lealth			IN	IN OUT N/O N/A Proper reheating procedures for hot hold			eating procedures for hot holding		_	
	OUT		Management awareness; poli	cy present			IN OUT N/O N/A					ng time and temperatures		
IN	OUT		Proper use of reporting, restriction Good Hygienic					OUT OUT	N/O N/A N/A			nolding temperatures holding temperatures		_
IN	OUT N	/O	Proper eating, tasting, drinking						N/O N/A	Proper	date	marking and disposition		
IN	OUT N	/O	No discharge from eyes, nose	and mouth			IN	OUT	N/O N/A	Time a		ublic health control (procedures /		
			Preventing Contamin	ation by Hands						record	5)	Consumer Advisory		_
IN	OUT N	0	Hands clean and properly was	shed			IN	OUT	N/A	Consu		dvisory provided for raw or		
IN	OUT N	/O	No bare hand contact with rea	dy-to-eat foods or						underd		hly Susceptible Populations		_
		70	approved alternate method pr							Deeter		fanda was bibitad fanda aat		
IN	IN OUT Adequate handwashing factors accessible		accessible				IN	OUT	N/O N/A	offered		foods used, prohibited foods not		
IN	OUT		Approved S				INI	OUT	N/A	F		Chemical ves: approved and properly used		
			Food obtained from approved source Food received at proper temperature				IN OUT Toxic					stances properly identified, stored and		
IN	IN OUT N/O N/A R		Food in good condition, safe and unadulterated							Conformance with Approved Procedures				
IN (Required records available: shellstock tags, parasite destruction				IN	IN OUT N/A compliand and HACC				e with approved Specialized Process P plan		
Protection from Cont				amination										
IN	OUT	N/A	Food separated and protected						The letter to the left of each item indicates that item's status at the inspection.					
IN	IN OUT N/A Food-contact surfaces cle						IN = in compli							
IN	OUT N	/O	Proper disposition of returned reconditioned, and unsafe for							applicable N/O = not observed rected On Site R=Repeat Item				
					OOD RE	TAIL	PRAC [*]	ΓICES						
			Good Retail Practices are prev						nogens, ch					
IN	OUT	Paste	Safe Food and Wa urized eggs used where require		cos	R	IN	OUT	In-use i	Proper Use of Utensils e utensils: properly stored sils, equipment and linens: properly stored, dried,			COS	R
			and ice from approved source	<u> </u>		1			Utensils					
			Food Temperature Co	ontrol		+-			handled	ed -use/single-service articles: properly stored, use			_	
		Adequate equipment for temperature		control						gie-use/single-service articles, property stored, used oves used properly				
			ved thawing methods used						Food or			quipment and Vending		
		Inem	nometers provided and accurate	!						Food and nonfood designed, constr		ntact surfaces cleanable, properly I, and used		
			Food Identification	n						rewashing facilities: installed, maintained, used; test				
		Food	properly labeled; original contain	ner		+		+	strips used Nonfood-contact surf		surfa	aces clean		+
			Prevention of Food Conta	mination						F		ysical Facilities		
-	-		is, rodents, and animals not pre- imination prevented during food				+					ailable; adequate pressure oper backflow devices		+-
		and d	isplay .							Fluiribilig ilistalled, p		·		
			nal cleanliness: clean outer clot nails and jewelry	hing, hair restraint,	, hair restraint,				Sewage	vage and wastewater properly disposed				
		Wiping cloths: properly used and store							Toilet fa	cilities: p	rope	ly constructed, supplied, cleaned		
<u> </u>	Fruits and vegetables washed before u		use			1					erly disposed; facilities maintained alled, maintained, and clean		-	
Pers	son in C	harge /T	itle: 🕠			<u>I</u>	-	<u> </u>	i nysica	i iaciillies	Date			
	3	- 31	Urristina Ku	tys								-		
Insp	ector: Ju	uyay XNI	ackny V athro Persut	~		Te	elepho	ne No	. PHE	S No.		ow-up: Yes ow-up Date:	1	No



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII)		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. ii	ı ° F
Code Reference	Priority items contribute directly or injury. These items MUST I	PRIOR y to the elimination, prevention or red RECEIVE IMMEDIATE ACTION with	RITY ITEMS luction to an acceptable level, haza nin 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial
							CK
							CK
							CK
							CK
							CK
Code Reference	Core items relate to general sa standard operating procedures	COR initation, operational controls, facilitie (SSOPs). These items are to be c	RE ITEMS s or structures, equipment design, or structures, equipment design, orrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial
							に大
		EDUCATION	DOVIDED OD COMMENTO				
		EDUCATION PI	ROVIDED OR COMMENTS				
Person in Ch	narge /Title: Christi	ina Kuntys			Date:		
Inspector: July	go Mackay Katilyn F	ina Kuntys Panut	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No

MO 580-1814 (9-13)