

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 ROUTII	NE INSPE	CTION, OR SUCH SHORTER PE	ERIOD OF TIME AS N	MAY BE S	SPEC	IFIED	IN WRI	TING BY T	HE REGUL	CILITIES WHICH MUST BE CORRECT ATORY AUTHORITY. FAILURE TO		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE I ESTABLISHMENT NAME: OWNER:			IVIAT IXE	JULI	ET IN CESSATION OF TOUR TOUR				PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT NUMBER: COUNTY			: COUNTY:				
CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY: H	М	L	
		C. STORE CATER SCHOOL SENIOR		ELI MMER F	.P.		GROCE AVERN	RY STOR		INSTITUTION MOBILE V	ENDOR	S
PURPOSE Pre-ope	ening	Routine Follow-up	Complaint	Othe	er							
FROZEN D Approved		approved Not Applicable	SEWAGE DISPOS PUBL	IC			UPPL\ //UNIT			MMUNITY PRIVATE		
Licer	nse No		PRIVA RISK FAC		ΔND	INITE	R\/FN	TIONS		receive		
Risk factors	are food	preparation practices and employ							ease Contr	ol and Prevention as contributing factor	rs in	
		eaks. Public health intervention	ns are control measur		vent fo	oodbor		ss or injury			CO	c I n
· ·		Demonstration of k Person in charge present, dem			R	1			Proper co	Potentially Hazardous Foods ooking, time and temperature	00.	S R
IN OUT		and performs duties Employee He	<u>.</u>					N/O N/A	•	eheating procedures for hot holding		
IN OUT		Management awareness; polic				IN		N/O N/A		ooling time and temperatures		
IN OUT		Proper use of reporting, restrict Good Hygienic P						N/O N/A		t holding temperatures		
IN OUT N	N/O	Proper eating, tasting, drinking					OUT	N/A N/O N/A		old holding temperatures ate marking and disposition		
IN OUT I	N/O	No discharge from eyes, nose	and mouth			IN		N/O N/A	Time as a records)	a public health control (procedures /		
		Preventing Contamina Hands clean and properly wasl								Consumer Advisory er advisory provided for raw or		
IN OUT N		No bare hand contact with read				IN	undercook		undercoo		_	
IN OUT N	N/O	approved alternate method pro	perly followed									
IN OUT	IN OUT Adequate handwashing facilities supplie accessible					IN OUT N/O N/A Pasteurized offered			ed foods used, prohibited foods not			
Approved Source IN OUT Food obtained from approved source					IN OUT N/A Food addit		Food add	Chemical itives: approved and properly used				
IN OUT	N/O N/A	Food received at proper tempe						Toxic sub	stances properly identified, stored and	ı		
IN OUT		Food in good condition, safe ar				Confor			Confo	ormance with Approved Procedures		
IN OUT I	N/O N/A	Required records available: she destruction				IN	OUT	N/A	and HAC	ce with approved Specialized Process CP plan		
0117		Protection from Cor Food separated and protected	ntamination			- The	lattar te	a tha laft a	f acab itam	indicates that item's status at the time	of the	
IN OUT	N/A	Food-contact surfaces cleaned	& capitized				ection.			indicates that item's status at the time	or trie	
IN OUT	N/A	Proper disposition of returned,				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed						
IN OUT N	V/O	reconditioned, and unsafe food	<u> </u>			COS=Corrected On Site R=Repeat Item						
		Good Retail Practices are preve		OOD RE				ogens ch	emicals an	d physical phiacts into foods		
IN OUT	Г	Safe Food and Water		COS	R	IN	OUT	logens, en		oper Use of Utensils	COS	R
		urized eggs used where required and ice from approved source							utensils: properly stored			
	vv atel							handled	, , ,			1
	Δdeg	Food Temperature Cor uate equipment for temperature of				-			se/single-sused proper	ervice articles: properly stored, used		
		ved thawing methods used	Ontro		Ut		Utensils, Equipment and Vending					
	Thern	Thermometers provided and accurate							and nonfood-contact surfaces cleanable, properly ned, constructed, and used			
		Food Identification							washing facilities: installed, maintained, used; test			
	Food	ood properly labeled; original container							od-contact surfaces clean			
	Inego	Prevention of Food Contamination				1		Hot and		Physical Facilities available: adequate pressure		+-
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage							nd cold water available; adequate pressure ping installed; proper backflow devices			+	
and display Personal cleanliness: clean outer clothing, hair restraint,				-		Sewane	and waster	water properly disposed		1		
	finger	nails and jewelry						, ,				1
		g cloths: properly used and store and vegetables washed before u				1		Garbage	ilet facilities: properly constructed, supplied, cleaned arbage/refuse properly disposed; facilities maintained			+
		-								stalled, maintained, and clean		
Person in (Charge /T	itle: $SQMh$ /	GRING						D	ate:		
Inspector:	Peasa	itte: Sarch V LMarkay &			Те	lepho	ne No.	PHE		ollow-up: Yes ollow-up Date:	١	No



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

FOOD	FSTARI	ISHMENT	INSPECTIO	N REPORT
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ESTABLISHMENT NAME		ADDRESS		CITY /ZIP	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	T/ LOCATI	ON	TEMP. in ° F			
_						_		
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVI	PRIOR elimination, prevention or red E IMMEDIATE ACTION with	RITY ITEMS duction to an acceptable level, hazards nin 72 hours or as stated.	s associated	with foodborne illness	Correct by (date)	Initial	
							SY	
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							SY	
							_, \	
							SY	
Code Reference	Core items relate to general sanitation,	operational controls, facilities	RE ITEMS so or structures, equipment design, get	neral mainte	enance or sanitation	Correct by (date)	Initial	
	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilities	es or structures, equipment design, ger	neral mainte	enance or sanitation stated.		Initial	
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	standard operating procedures (SSOPs	operational controls, facilities). These items are to be controls of the control	es or structures, equipment design, ger corrected by the next regular inspec	neral mainte tion or as s	enance or sanitation stated. Date: Follow-up:		Initial SY SY SY SY	



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			PROVIDED OR COMMENTS				54	
		EDUCATION	PROVIDED OR COMMENTS					
Person in Ch	arge /Title: SQM	Volug			Date:			
Inspector:	large /Title: Swah Lagan L Markay &	DISTRIBUTION: WHITE - OWN	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A	