

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		ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	HE REC	GULA	ILITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO DEPATIONS		
			OWNER:						<i>I</i> D 01	PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT NUMBER				NUMBI	ER:	COUNTY:		
CITY/ZIP: PHO			PHONE:	HONE: FAX:					P.H. PRIORITY: H	М	L			
B/ RI	ISHMEN AKERY ESTAUI		C. STORE CATER SCHOOL SENIO		ELI MMER F	F.P.		GROCE AVERN	ERY STOR	ιE		ISTITUTION MOBILE '	√ENDOF	RS
PURPOS Pr	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPOS PUBL	LIC COMMUNITY NON-C				MMUNITY PRIVATE mpled Results						
	License	No	-	PRIVA RISK FAC		VND	INITE	D\/ENI	ZIONS	Duto	Cuii			
Risk fa	ctors a	e food r	orenaration practices and employ							ease Co	ntrol	and Prevention as contributing fac	tors in	
foodbor	rne illnes		eaks. Public health intervention	ns are control measur	es to pre	event fo	oodbor	ne illne	ss or injury					
Compliar	nce		Demonstration of Person in charge present, den		cos	R	1	mpliance		Prope		otentially Hazardous Foods king, time and temperature	CC	DS R
IN OL	JT		and performs duties	•					N/O N/A					
IN OI	LIT		Employee H Management awareness; police				IN IN		N/O N/A N/O N/A			eating procedures for hot holding ing time and temperatures		
IN O			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 /		
110			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 O	UT N/C)	No bare hand contact with rea							under		ghly Susceptible Populations		
approved alternate method prope IN OUT Adequate handwashing facilities s									foods used, prohibited foods not					
			accessible Approved So	ource			1			offered	J	Chemical		
IN OUT Food obtained from approved sou					IN	OUT	N/A			ves: approved and properly used				
IN OUT N/O N/A Food received at proper temperat		erature			IN	OUT		used	subst	ances properly identified, stored ar	nd			
IN O	r ood iii good contaition, care and								Conformance with Approved Procedures Compliance with approved Specialized Proc					
IN OL	JT N/C	O N/A	Required records available: sh destruction				IN	OUT	N/A			plan	is	
			Protection from Co					1-444	- 41 1-64 -	£ ! .	!		641	
IN OL		N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the inspection.					dicates that item's status at the tim	e or the	
IN O	UT	N/A	Food-contact surfaces cleaned		IN = in compliance					OUT = not in compliance N/O = not observed				
IN O	UT N/C)	Proper disposition of returned, reconditioned, and unsafe food		N/A = not applic COS=Corrected				te	R=Repeat Item				
				G	OOD RE									
IN	OUT		Good Retail Practices are preven		ontrol the	e introd R	duction	of path	nogens, ch	emicals,			COS	R
IIV.	001	Paste	Safe Food and Wat urized eggs used where required		003	IX	1111	001	In-use u	tensils:		er Use of Utensils erly stored	003	- 1
		Water	and ice from approved source								nent a	and linens: properly stored, dried,		
			Food Temperature Co	ntrol			1		handled Single-u		e-ser	vice articles: properly stored, used		
			ate equipment for temperature	control					Gloves	used pro				
			ved thawing methods used nometers provided and accurate				1		Food an			Equipment and Vending ontact surfaces cleanable, properly		
									designe	d, const	ructe	d, and used		
			Food Identification						Warewa strips us	-	cilitie	s: installed, maintained, used; test		
		Food	properly labeled; original contain Prevention of Food Conta				-		Nonfood	d-contac		aces clean nysical Facilities	-	
		Insect	s, rodents, and animals not pres								ter av	vailable; adequate pressure	1	1
		Conta and di	mination prevented during food splay	preparation, storage					Plumbin	g install	ed; pı	roper backflow devices		
Personal cleanliness: clean outer clothing, hair restrain		ning, hair restraint,					Sewage	and wa	stewa	ater properly disposed				
			nails and jewelry g cloths: properly used and store	ed			1	<u> </u>	Toilet fa	cilities: p	orope	rly constructed, supplied, cleaned		
			and vegetables washed before						Garbage	e/refuse	prope	erly disposed; facilities maintained		
Person	n in Ch	arne /T	itle: 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					L	Physica	ı tacılitie	s inst Dat	alled, maintained, and clean		
			S YPUNA								_bat	<u> </u>		
Inspec	ctor: [leagu	nd Mac	kay Katelyn Roaut			Те	lepho	ne No.	PHE	S No.		ow-up: Yes ow-up Date:		No



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [*]	Г NAME	ADDRESS		CITY/ZIF)		
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	ION	TEMP. ir	ı°F
Code		PRIORITY	ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIVED	elimination, prevention or reduction of reduction /E IMMEDIATE ACTION within 7	on to an acceptable level, hazard 2 hours or as stated.	ds associated	d with foodborne illness	(date)	
							SY
							\sim ()
							SY
Code		CORE IT				Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	 operational controls, facilities or ps). These items are to be corrected 	structures, equipment design, go ected by the next regular inspe	eneral maintection or as	enance or sanitation stated.	(date)	()
							SP
							CΥ
							J [
							SY
							C ()
							SY
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							_
		EDUCATION PROV	/IDED OR COMMENTS				
Person in Ch	> Y//U/\	<u></u>			Date:		
Inspector: Par	and Mackay Katelyn Roaut	DISTRIBUTION: WHITE _ OWNER'S CO		PHES No.	Follow-up: Follow-up Date:	Yes	No F6 374



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

FOOD	FSTARI	ISHMENT	INSPECT	ION R	FPORT
OOD			11101 EC1		

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ESTABLISHMENT NAME		ADDRESS		CITY /ZI	Р		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRO	DUCT/ LOCAT	TON	TEMP. ir	ı°F
Code		PRIOR	ITY ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or red VE IMMEDIATE ACTION with	uction to an acceptable level, h in 72 hours or as stated.	azards associate	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	COR n, operational controls, facilitie Ps). These items are to be co	E ITEMS s or structures, equipment desi	gn, general main	tenance or sanitation	Correct by (date)	Initial
							5
		EDUCATION PR	ROVIDED OR COMMENTS				
	•						
Person in Ch	arge /Title: S YMNN				Date:		
Inspector: flat	gan L Mackay Katalyn Roawt		Telephone No	. PHES No.	Follow-up: Follow-up Date:	Yes	No

MO 580-1814 (9-13)

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