



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

TIME IN	TIME OUT
PAGE 1 of	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME:	OWNER:	PERSON IN CHARGE:				
ADDRESS:		COUNTY:				
CITY/ZIP:	PHONE:	FAX:				
		P.H. PRIORITY : H M L				
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE SCHOOL	CATERER SENIOR CENTER	DELI SUMMER F.P.	GROCERY STORE TAVERN	INSTITUTION TEMP.FOOD	MOBILE VENDORS
PURPOSE Pre-opening Routine Follow-up Complaint Other						
FROZEN DESSERT Approved Disapproved	SEWAGE DISPOSAL PUBLIC PRIVATE		WATER SUPPLY COMMUNITY NON-COMMUNITY		PRIVATE Results _____	
License No. _____						

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge			COS	R	Compliance	Potentially Hazardous Foods			COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties					IN OUT N/O N/A	Proper cooking, time and temperature				
Employee Health											
IN OUT	Management awareness; policy present					IN OUT N/O N/A	Proper reheating procedures for hot holding				
IN OUT	Proper use of reporting, restriction and exclusion					IN OUT N/O N/A	Proper cooling time and temperatures				
Good Hygienic Practices											
IN OUT N/O	Proper eating, tasting, drinking or tobacco use					IN OUT N/O N/A	Proper hot holding temperatures				
IN OUT N/O	No discharge from eyes, nose and mouth					IN OUT N/O N/A	Proper cold holding temperatures				
Preventing Contamination by Hands											
IN OUT N/O	Hands clean and properly washed					IN OUT N/A	Proper date marking and disposition				
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Time as a public health control (procedures / records)				
IN OUT	Adequate handwashing facilities supplied & accessible					IN OUT N/O N/A	Consumer Advisory				
Approved Source											
IN OUT	Food obtained from approved source					IN OUT N/A	Consumer advisory provided for raw or undercooked food				
IN OUT N/O N/A	Food received at proper temperature					IN OUT	Highly Susceptible Populations				
IN OUT	Food in good condition, safe and unadulterated						Pasteurized foods used, prohibited foods not offered				
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction					IN OUT N/A	Chemical				
Protection from Contamination											
IN OUT N/A	Food separated and protected					The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed					
IN OUT N/A	Food-contact surfaces cleaned & sanitized										
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food										

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
		Pasteurized eggs used where required					In-use utensils: properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
Food Temperature Control									
		Adequate equipment for temperature control					Single-use/single-service articles: properly stored, used		
		Approved thawing methods used					Gloves used properly		
		Thermometers provided and accurate					Utensils, Equipment and Vending		
Food Identification									
		Food properly labeled; original container					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
Prevention of Food Contamination									
		Insects, rodents, and animals not present					Warewashing facilities: installed, maintained, used; test strips used		
		Contamination prevented during food preparation, storage and display					Nonfood-contact surfaces clean		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Physical Facilities		
		Wiping cloths: properly used and stored					Hot and cold water available; adequate pressure		
		Fruits and vegetables washed before use					Plumbing installed; proper backflow devices		
							Sewage and wastewater properly disposed		
							Toilet facilities: properly constructed, supplied, cleaned		
							Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge /Title:	<i>[Signature]</i>	Date:	
Inspector:	<i>[Signature]</i>	Telephone No.	EPHS No.
		Follow-up:	Yes No
		Follow-up Date:	



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

TIME IN	TIME OUT
PAGE	of

ESTABLISHMENT NAME		ADDRESS		CITY/ZIP	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial
			<i>ML</i>
			<i>ML</i>

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial

EDUCATION PROVIDED OR COMMENTS	

Person in Charge /Title: <i>Rob James</i>			Date:		
Inspector: <i>Melvin Feil</i>	Telephone No.	EPHS No.	Follow-up: Yes	Follow-up Date:	No