

#### 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 ROUTINE INSPE                         | TION THIS DAY, THE ITEMS NO<br>CTION, OR SUCH SHORTER PI<br>S FOR CORRECTIONS SPECIFI | ERIOD OF TIME AS MA      | AY BE SPEC    | CIFIED                | IN WRIT        | ING BY 1                   | THE REGU                  | JLATORY AUTHORITY. FAI   |                    |          |       |
|--|---|--------------------------|---------------|-----------------------|----------------|----------------------------|---------------------------|--|--------------------|----------|-------|
| ESTABLISHMENT N                            |   | OWNER:                   | AT RESULT     |                       |                |                            | PERSON IN CHARC           | GE:  |                    |          |       |
| ADDRESS:                                   |   |                          |               | ESTABLISHMENT NUMBER: |                |                            | COUNTY:                   |  |                    |          |       |
| CITY/ZIP:                                  |   | PHONE:                   |               | FAX:                  |                |                            |                           | P.H. PRIORITY :  | Н                  | М        | L     |
| ESTABLISHMENT TYPE<br>BAKERY<br>RESTAURANT | C. STORE CATER<br>SCHOOL SENIOR   |                          | I<br>MER F.P. |                       | GROCE<br>AVERN | RY STOR                    | E                         | INSTITUTION<br>TEMP.FOOD                                       | MOBILE V           | 'ENDOF   | RS    |
| PURPOSE<br>Pre-opening                     | Routine Follow-up   | Complaint                | Other         |                       |                |                            |                           |  |                    |          |       |
|  | approved Not Applicable   | SEWAGE DISPOSA<br>PUBLIC |               |                       | UPPLY          |                            |                           | OMMUNITY ampled  | PRIVATE<br>Results |          |       |
| License No                                 |   | PRIVAT                   |               | ) INTF                | RVFNT          | IONS                       |                           |  |                    |          |       |
|  | preparation practices and employ  | ee behaviors most com    | monly repor   | ted to th             | he Cente       | ers for Dis                |                           | trol and Prevention as contrib                                 | buting fact        | ors in   |       |
| foodborne illness outbre<br>Compliance     | eaks. Public health intervention  Demonstration of h                                  |                          |               |                       | ne illnes      |                            | /.<br>                    | Potentially Hazardous Foo                                      | de                 | CC       | OS R  |
| IN OUT                                     | Person in charge present, dem   |                          |               | _                     |                | N/O N/A                    | Proper o                  | cooking, time and temperatur                                   |                    | -        |       |
| 114 001                                    | and performs duties  Employee He  | ealth                    |               |                       |                | 1/O N/A                    | Proper                    | reheating procedures for hot                                   | holding            |          | -+    |
| IN OUT                                     | Management awareness; polic   | y present                |               | IN                    | 1 TUO          | N/O N/A                    | Proper of                 | cooling time and temperature                                   |                    |          |       |
| IN OUT                                     | Proper use of reporting, restriction Good Hygienic F                                  |                          |               |                       | 1 TUO<br>TUO   | N/A N/A                    |                           | not holding temperatures cold holding temperatures             |                    |          |       |
| IN OUT N/O                                 | Proper eating, tasting, drinking No discharge from eyes, nose                         |                          |               |                       |                | N/O N/A                    |                           | date marking and disposition a public health control (proc     | oduros /           |          |       |
| IN OUT N/O                                 | 5   |                          |               | IN                    | 1 TUO          | N/O N/A                    | records)                  |  | edules /           |          |       |
| IN OUT N/O                                 | Preventing Contamina Hands clean and properly was                                     |                          |               | IN                    | OUT            | N/A                        |                           | Consumer Advisory<br>er advisory provided for raw<br>oked food | or                 |          |       |
| IN OUT N/O                                 | No bare hand contact with read  |                          |               |                       |                |                            |                           | Highly Susceptible Population                                  | ons                |          |       |
| IN OUT                                     | approved alternate method pro<br>Adequate handwashing facilitie                       |                          |               | IN                    | OUT N          | N/O N/A                    |                           | zed foods used, prohibited fo                                  | oods not           |          |       |
|  | accessible Approved So  | urce                     |               | - 110                 |                | 1/0 11/14                  | offered                   | Chemical   |                    |          |       |
| IN OUT                                     | Food obtained from approved   | source                   |               | IN                    | OUT            | N/A                        |                           | ditives: approved and proper                                   |                    |          |       |
| IN OUT N/O N/A                             | Food received at proper tempe   | rature                   |               | IN                    | OUT            |                            | Toxic su<br>used          | bstances properly identified,                                  | stored an          | d        |       |
| IN OUT                                     | Food in good condition, safe an   |                          |               |                       |                | formance with Approved Pro |                           |  |                    |          |       |
| IN OUT N/O N/A                             | Required records available: shi destruction   |                          |               | IN                    | OUT            | N/A                        |                           | nce with approved Specialize                                   | ea Process         | 5        |       |
| IN OUT N/A                                 | Protection from Cor<br>Food separated and protected                                   | ntamination              |               | The                   | letter to      | the left o                 | f each iten               | n indicates that item's status                                 | at the time        | e of the |       |
| IN OUT N/A                                 | Food-contact surfaces cleaned   | & sanitized              |               |                       | ection.        |                            |                           |  |                    | 00       |       |
|  | Proper disposition of returned,   | previously served,       |               |                       |                | in complia<br>= not appl   |                           | OUT = not in compliance<br>N/O = not observed                  | е                  |          |       |
| IN OUT N/O                                 | reconditioned, and unsafe food  |                          | 00.0554#      | DD 4.03               |                | =Correcte                  | ed On Site                | R=Repeat Item  |                    |          |       |
|  | Good Retail Practices are preve   |                          | OD RETAIL     |                       |                | ogens ch                   | emicals a                 | nd physical objects into food                                  | ls                 |          |       |
| IN OUT                                     | Safe Food and Water   | er                       | COS R         | IN                    | OUT            |                            | Р                         | roper Use of Utensils  |                    | COS      | R     |
|  | urized eggs used where required and ice from approved source                          |                          |               |                       |                |                            |                           | operly stored<br>nt and linens: properly stored                | d dried            |          |       |
| Water                                      |   |                          |               |                       |                | handled                    |                           |  |                    |          |       |
| Adeau                                      | Food Temperature Cou<br>uate equipment for temperature of                             |                          |               |                       |                |                            | ıse/single-<br>used prope | service articles: properly stor<br>erlv                        | red, used          | -        |       |
| Appro                                      | ved thawing methods used  | 511.1.51                 |               |                       |                |                            | Utensil                   | ls, Equipment and Vending                                      |                    |          |       |
| Therm                                      | nometers provided and accurate  |                          |               |                       |                |                            |                           | l-contact surfaces cleanable, cted, and used                   | properly           |          |       |
|  | Food Identification   |                          |               |                       |                | Warewa                     | shing faci                | lities: installed, maintained, u                               | ised; test         |          |       |
| Food                                       | properly labeled; original contain  | er                       |               |                       |                | strips us<br>Nonfood       |                           | surfaces clean   |                    |          |       |
|  | Prevention of Food Contar   |                          |               |                       |                | 11.1                       |                           | Physical Facilities  |                    |          |       |
|  | ts, rodents, and animals not presimination prevented during food p                    |                          |               | +                     |                |                            |                           | r available; adequate pressu<br>l; proper backflow devices     | re                 |          |       |
| and di                                     |   | ,                        |               |                       |                |                            |                           |  |                    |          |       |
| fingeri                                    | nails and jewelry   |                          |               |                       |                |                            |                           | ewater properly disposed                                       |                    |          |       |
|  | g cloths: properly used and store<br>and vegetables washed before u                   |                          |               |                       |                | Toilet fa                  | cilities: pro             | operly constructed, supplied, roperly disposed; facilities ma  | cleaned            |          |       |
|  |   |                          |               |                       |                |                            |                           | installed, maintained, and cle                                 |                    |          |       |
| Person in Charge /T                        | Title: Almono B.  |                          |               |                       |                |                            |                           | Date:  |                    |          |       |
| Inspector: 1/2                             | I ha a  |                          | Te            | elepho                | ne No.         | PHE                        | S No. F                   | Follow-up:   | Yes                |          | No    |
| MO 580-1814 (9-13)                         | MM / lacking  | DISTRIBUTION: WHITE -    | OWNER'S COF   | PΥ                    |                | CANARY – F                 |                           | Follow-up Date:  |                    |          | E6.37 |



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

PAGE 2 of

| EOTA DI IOLINAEN    | T 114145   | 1000000  |                                   | LOITY ( = 1            |                               |                   |              |  |
|---------------------|--|--|-----------------------------------|------------------------|-------------------------------|-------------------|--------------|--|
| ESTABLISHMEN        | BLISHMENT NAME ADDRESS   |  |                                   | CITY/ZIF               | ,                             |                   |              |  |
| FO                  | FOOD PRODUCT/LOCATION TEMP. in ° F FOOD  |  |                                   | FOOD PRODUCT/ LOCATION |                               |                   | n ° F        |  |
|                     |  |  |                                   |                        |                               |                   |              |  |
|                     |  |  |                                   |                        |                               |                   |              |  |
|                     |  |  |                                   |                        |                               |                   |              |  |
|                     |  |  |                                   |                        |                               |                   |              |  |
| Codo                |  | PRIORITY   | ITEMS                             |                        |                               | Carrent by        | Initial      |  |
| Code<br>Reference   | Priority items contribute directly to the or injury. These items MUST RECEIVED | PRIORITY e elimination, prevention or reduction VE IMMEDIATE ACTION within 7 | on to an acceptable level, hazard | ds associated          | d with foodborne illness      | Correct by (date) | Initial      |  |
|                     |  |  |                                   |                        |                               |                   | AB           |  |
| Code<br>Reference   | Core items relate to general sanitation  | CORE IT  | structures, equipment design, go  | eneral mainte          | enance or sanitation          | Correct by (date) | Initial      |  |
|                     | standard operating procedures (SSOI  | Ps). These items are to be corre   | cted by the next regular inspe    | ction or as            | stated.                       |                   | 4            |  |
|                     |  |  |                                   |                        |                               |                   | AB           |  |
|                     |  |  |                                   |                        |                               |                   | 110          |  |
|                     |  |  |                                   |                        |                               |                   | WD           |  |
|                     |  |  |                                   |                        |                               |                   | AB           |  |
|                     |  |  |                                   |                        |                               |                   | 010          |  |
|                     |  |  |                                   |                        |                               |                   | AB           |  |
|                     |  |  |                                   |                        |                               |                   | AB           |  |
|                     |  |  |                                   |                        |                               |                   | 1            |  |
|                     |  |  |                                   |                        |                               |                   | AB           |  |
|                     |  |  |                                   |                        |                               |                   | . Lia        |  |
|                     |  |  |                                   |                        |                               |                   | MD           |  |
|                     |  |  |                                   |                        |                               |                   |              |  |
|                     |  | EDUCATION PRO\   | /IDED OR COMMENTS                 |                        |                               |                   |              |  |
|                     |  |  |                                   |                        |                               |                   |              |  |
| Person in Ch        | harge /Title:  | Brewer   |                                   |                        | Date:                         |                   |              |  |
| Inspector:          | Piago L Mackey   | DISTRIBUTION: WHITE - OWNER'S CO   |                                   | PHES No.               | Follow-up:<br>Follow-up Date: | Yes               | No<br>E6.37A |  |
| IVIU 000-1014 (9-13 | ) III //   | PISTRIBUTION, WHITE - OWNER'S CO   | JII CANART – FILE CO              |                        |                               |                   | ⊏0.37A       |  |



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

| PAGE | 3 | o.f |
|------|---|-----|
| PAGE |   | Ωt  |

| ESTABLISHMEN      | SHMENT NAME ADDRESS CITY /ZIP  |  |  |              |                                  |                   |  |
|-------------------|--|--|--|--------------|----------------------------------|-------------------|--|
| FO                | FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT                            |  |  | T/ LOCAT     | ION                              | TEMP. ii          | ı°F  |
|                   |  |  |  |              |                                  |                   |  |
|                   |  |  |  |              |                                  |                   |  |
|                   |  |  |  |              |                                  |                   |  |
|                   |  |  |  |              |                                  |                   |  |
| Cada              | Г  | PRIORITY   | TEMP   |              |                                  | Correct by        | Initial                                    |
| Code<br>Reference | Priority items contribute directly to th or injury. These items MUST RECE  | PRIORITY I e elimination, prevention or reduction IVE IMMEDIATE ACTION within 72             | n to an acceptable level, hazards<br>hours or as stated. | s associated | d with foodborne illness         | Correct by (date) | Initial                                    |
|                   |  |  |  |              |                                  |                   |  |
|                   |  |  |  |              |                                  |                   |  |
| Code<br>Reference | Core items relate to general sanitation standard operating procedures (SSC | CORE ITE<br>on, operational controls, facilities or s<br>PPs). These items are to be correct | tructures, equipment design, ge                          | neral maint  | enance or sanitation stated.     | Correct by (date) | Initial                                    |
|                   |  |  |  |              |                                  |                   | AB   |
|                   |  |  |  |              |                                  |                   | 1.   |
|                   |  |  |  |              |                                  |                   | AB   |
|                   |  |  |  |              |                                  |                   | 110  |
|                   |  |  |  |              |                                  |                   | WB   |
|                   |  |  |  |              |                                  |                   | AB   |
|                   |  |  |  |              |                                  |                   | AB   |
|                   |  |  |  |              |                                  |                   | 110  |
|                   |  |  |  |              |                                  |                   | WB   |
|                   |  |  |  |              |                                  |                   | ١.,  |
|                   |  |  |  |              |                                  |                   | AB   |
|                   |  |  |  |              |                                  |                   |  |
|                   |  |  |  |              |                                  |                   | 110  |
|                   |  |  |  |              |                                  |                   | MD   |
|                   |  | EDUCATION PROV   | DED OR COMMENTS  |              |                                  |                   | MD   |
|                   |  | EDUCATION PROVI  | DED OR COMMENTS  |              |                                  |                   | MD   |
|                   |  | EDUCATION PROV   | DED OR COMMENTS  |              |                                  |                   | ME   |
| Person in Ch      | narge /Title:  |  | DED OR COMMENTS  |              | Date:                            |                   | MD<br>———————————————————————————————————— |
| Person in Ch      | narge /Title: AMSSOM   | EDUCATION PROVI  |  | PHES No.     | Date: Follow-up: Follow-up Date: | Yes               | No   |



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

PAGE 4 of

| ESTABLISHMENT     | NAME  | ADDRESS   | ADDRESS   |               |                               | CITY/ZIP          |                   |  |
|-------------------|---|---|---|---------------|-------------------------------|-------------------|-------------------|--|
| FOC               | D PRODUCT/LOCATION  | TEMP. in ° F  | TEMP. in ° F FOOD PRODUCT/ LOCATION   |               |                               | TEMP. ir          | ı°F               |  |
|                   |   |   |   |               |                               |                   |                   |  |
|                   |   |   |   |               |                               |                   |                   |  |
|                   |   |   |   |               |                               |                   |                   |  |
| Code              |   | PRIO  | DRITY ITEMS   |               |                               | Correct by        | Initial           |  |
| Reference         | Priority items contribute directly or injury. <b>These items MUST F</b> | to the elimination, prevention or re<br>RECEIVE IMMEDIATE ACTION with | eduction to an acceptable level, haza   | rds associate | d with foodborne illness      | (date)            | mittal            |  |
|                   |   |   |   |               |                               |                   |                   |  |
| Code<br>Reference | Core items relate to general sa   | nitation, operational controls, faciliti                              | PRE ITEMS ies or structures, equipment design, corrected by the next regular insp | general maint | enance or sanitation          | Correct by (date) | Initial           |  |
|                   |   |   | PROVIDED OR COMMENTS  |               |                               |                   | 45 45 45 A5 A5 A5 |  |
|                   |   |   |   |               |                               |                   |                   |  |
| Person in Cha     | arge /Title: 🌐 🗐 🗚  | sser Brewer   |   |               | Date:                         |                   |                   |  |
| Inspector:        | Pinger L Mackey   | sac +1 EWVIC  | Telephone No.   | PHES No.      | Follow-up:<br>Follow-up Date: | Yes               | No                |  |



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 5 of

| ESTABLISHMENT NAME |  | ADDRESS CIT                            |                                 |               | CITY/ZIP                      |            |          |
|--------------------|--|--|---------------------------------|---------------|-------------------------------|------------|----------|
| FOO                | OD PRODUCT/LOCATION  | TEMP. in ° F                           | TEMP. in ° F FOOD PRODUCT/      |               | T/ LOCATION                   |            | ۱° F     |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
| Code               |  | PRIORITY                               | / ITEMS                         |               |                               | Correct by | Initial  |
| Reference          | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or reducti     | on to an acceptable level, haza | rds associate | d with foodborne illness      | (date)     | IIIIIIai |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
| Code               |  | CORE I                                 | TEMS                            |               |                               | Correct by | Initial  |
| Reference          | Core items relate to general sanitation standard operating procedures (SSOF  | i, operational controls, facilities or | structures, equipment design,   | general maint | enance or sanitation stated.  | (date)     |          |
|                    |  |  |                                 |               |                               |            | AB       |
|                    |  |  |                                 |               |                               |            | AB       |
|                    |  |  |                                 |               |                               |            | VIV      |
|                    |  |  |                                 |               |                               |            | AB       |
|                    |  |  |                                 |               |                               |            | , Ala    |
|                    |  |  |                                 |               |                               |            | VID      |
|                    |  |  |                                 |               |                               |            | AB       |
|                    |  |  |                                 |               |                               |            | ,        |
|                    |  |  |                                 |               |                               |            | AB       |
|                    |  |  |                                 |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
|                    |  | EDUCATION PRO                          | VIDED OR COMMENTS               |               |                               |            |          |
|                    |  |  |                                 |               |                               |            |          |
| Person in Ch       | arge /Title:   | Brewer                                 |                                 |               | Date:                         |            |          |
| Inspector:         | Viago L Machin   | 1 www.                                 | Telephone No.                   | PHES No.      | Follow-up:<br>Follow-up Date: | Yes        | No       |