

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 | CTION, OR SUCH SHORTER PE | RIOD OF TIME AS MA | AY BE SPEC | CIFIED I | N WRIT | ING BY 1 | THE REGU | ACILITIES WHICH MUST BE CORRECT JLATORY AUTHORITY. FAILURE TO | | | | |
|---|---|--|-------------------|--|------------------------------|---|---|--|-----------|-------|--|--|
| ESTABLISHMENT N | OWNER: | IN THIS NOTICE MAY RESULT IN CESSATION OF YO OWNER: | | | IN OF YO | | PERATIONS. PERSON IN CHARGE: | | | | | |
| ADDRESS: | | | ESTABLISHMENT NUM | | | HMENT | NUMBEF | R: COUNTY: | | | | |
| CITY/ZIP: | PHONE: | PHONE: | | | | | P.H. PRIORITY : H | М | L | | | |
| | | | | GROCERY STORE INSTITUTION MOBI ER F.P. TAVERN TEMP.FOOD | | | | | E VENDORS | | | |
| PURPOSE Pre-opening | Routine Follow-up | Complaint | Other | | | | | | | | | |
| | | | C COMMUNITY NO | | | | | N-COMMUNITY PRIVATE ate Sampled Results | | | | |
| | | RISK FACT | |) INTE | RVENT | TIONS | | | | | | |
| Risk factors are food p | preparation practices and employe | e behaviors most com | monly report | ted to th | ne Cente | ers for Dis | sease Cont | trol and Prevention as contributing factor | ors in | | | |
| foodborne illness outbreaks. Public health interventions are control measures to p Compliance Demonstration of Knowledge CC | | | | R Compliance | | | y. | Potentially Hazardous Foods | | | | |
| IN OUT | IN OUT Person in charge present, demor and performs duties | | | IN OUT N/O N/A | | Proper cooking, time and temperature | | | | | | |
| | Employee Hea | | | | | | reheating procedures for hot holding | | | | | |
| IN OUT IN OUT | Management awareness; policy Proper use of reporting, restriction | | | | | | | cooling time and temperatures | | | | |
| IN OUT N/O | Good Hygienic Prac | | | IN | IN OUT N/A | | | Proper cold holding temperatures | | | | |
| IN OUT N/O IN OUT N/O | Proper eating, tasting, drinking of No discharge from eyes, nose a | | | | | <u>N/O N/A</u> N/O N/A | | ate marking and disposition a public health control (procedures / | | | | |
| | Preventing Contaminati | on by Hands | | IIN | | N/O IN/A | records) | Consumer Advisory | _ | | | |
| IN OUT N/O | Lianda alaan and properly weeked | | | IN | OUT | N/A | | nsumer advisory provided for raw or | | | | |
| IN OUT N/O No bare hand contact with ready- | | | | | | underco | undercooked food Highly Susceptible Populations | | | | | |
| IN OUT | IN OUT Adequate handwashing facilities s | | | IN (| | | Pasteuri offered | Pasteurized foods used, prohibited foods not | | | | |
| | accessible Approved Source | | | | | | ollereu | Chemical | | | | |
| | | | | | Т | | | ditives: approved and properly used | 4 | | | |
| IN OUT N/O N/A | | | | IN OUT | | used | | | | | | |
| IN OUT | Food in good condition, safe and | | | | | Conformance with Approved Procedures Compliance with approved Specialized Process | | | | | | |
| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction | | | IN OUT N/A | | and HACCP plan | | | | | | |
| IN OUT N/A | Protection from Contamination Food separated and protected | | | The letter to the left of each item indicates that item's status at the time | | | | | | | | |
| IN OUT N/A | | | | IN = in compliance OUT = not in compliance | | | | | | | | |
| Proper disposition of returned, proviously s | | reviously served, | | IN = in compliance N/A = not applicable | | | licable | N/O = not observed | | | | |
| IN OUT N/O reconditioned, and unsafe food | | | | COS=Corrected On Site R=Repeat Item O RETAIL PRACTICES | | | | | | | | |
| | Good Retail Practices are preven | | | | | ogens, ch | emicals, a | nd physical objects into foods. | | | | |
| IN OUT | Safe Food and Water | | COS R | IN | OUT | | P | Proper Use of Utensils | COS | R | | |
| | urized eggs used where required r and ice from approved source | | | _ | | | | operly stored nt and linens: properly stored, dried, | | | | |
| | | | | | handle | | <u> </u> | | | | | |
| Adequ | Food Temperature Cont uate equipment for temperature co | | | _ | Single-use/si Gloves used | | | service articles: properly stored, used erly | | | | |
| Appro | Approved thawing methods used | | | | | | Utensil | ls, Equipment and Vending | | | | |
| Therm | | | | | | | I-contact surfaces cleanable, properly | | | | | |
| Food Identification | | | | | | | ned, constructed, and used washing facilities: installed, maintained, used; test | | | | | |
| Food | | | | | | nfood-contact surfaces clean | | | | | | |
| Incod | Prevention of Food Contamination | | | | | Hot and | cold wate | Physical Facilities r available; adequate pressure | | | | |
| Conta | Insects, rodents, and animals not present Contamination prevented during food preparation, sto | | | | | | | l; proper backflow devices | | | | |
| Perso | and display Personal cleanliness: clean outer clothing, hair restraint, | | | + | | Sewage | e and wast | ewater properly disposed | | | | |
| finger | fingernails and jewelry Wiping cloths: properly used and stored | | | - | | | | | | | | |
| | Fruits and vegetables washed before use | | | | | Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained | | | L | | | |
| Demor in Ol | | | | | | Physica | | installed, maintained, and clean | | | | |
| Person in Charge /T | | | | | | | | Date: | | | | |
| Inspector: | ha Burdu | | T | elepho | ne No. | PHE | | Follow-up: Yes Follow-up Date: | I | No | | |
| MO 580-1814 (9-13) | | DISTRIBUTION: WHITE - | OWNER'S COF | γ | | CANARY – F | | cheft up Bate. | | E6.37 | | |



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| F | OOD ESTABLISHMENT IN | PAGE ² of | | | | | |
|-----------------------|---|---|--|----------------|-----------------------------|----------------------|--------------------------|
| ESTABLISHMEN | TNAME | ADDRESS | | CITY /ZIP | | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | T/ LOCATION | | TEMP. i | n ° F | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Code | | PRIORITY IT | EMS | | | Correct by | Initial |
| Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or reduction /E IMMEDIATE ACTION within 72 | to an acceptable level, hazards hours or as stated. | associated wi | th foodborne illness | (date) | |
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| | | | | | | | |
| Code Reference | Core items relate to general sanitation | n, operational controls, facilities or st | ructures, equipment design, ger | neral maintena | nce or sanitation | Correct by (date) | Initial |
| | standard operating procedures (SSOF | rs). These items are to be correct | ed by the next regular inspect | tion or as sta | ied. | | $\overline{\mathcal{D}}$ |
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| | | EDUCATION PROVID | DED OR COMMENTS | | | | • |
| | | | | | | | |
| Person in Cl | harge /Title: |) | | D | ate: | | |
| Inspector: | Mula Bindei | | Telephone No. P | HES No. F | ollow-up: ollow-up Date: | Yes | No |
| MO 580-1814 (9-13 | | DISTRIBUTION: WHITE - OWNER'S COPY | CANARY – FILE COPY | (| ap Bato. | | E6.37A |