

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 R	OUTINE	INSPE	TION THIS DAY, THE ITEMS	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WR	TING BY 1	THE REG	ULATO	RY AUTHORITY.			
			OWNER:	N THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OWNER:						PERSON IN CHARGE:					
ADDRESS:						ESTABLISHMENT NUMBER: COUNTY:									
CITY/ZIP: PHONE:			PHONE:			FAX	:			Р	.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTE				DELI GROCERY STORE NTER SUMMER F.P. TAVERN					RE		ITUTION P.FOOD	MOBILE	VENDO	RS	
PURPO P	SE re-openi	ng	Routine Follow-u	up Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPO					NON-COMMUNITY PRIVATE Date Sampled Results							
	License	No		PRIV						Date	Sample	;u	Resui		
D: 1 (- Control of the cont	RISK FA						0	1	I D	. 1.25		
			preparation practices and empleaks. Public health intervent								ntrol and	d Prevention as co	ontributing fa	ctors in	
Complia	nce		Demonstration (•	COS	S R	Co	mplianc	е			ntially Hazardous		С	OS R
IN O	UT		Person in charge present, d and performs duties	emonstrates knowledge	•		IN	OUT	N/O N/A	Proper	cooking	, time and temper	rature		
			Employee						N/O N/A			ng procedures for			
	UT UT		Management awareness; po Proper use of reporting, resi			-	_		N/O N/A			time and tempera			
			Good Hygieni					OUT	N/A			Iding temperatures			
	UT N/C		Proper eating, tasting, drink No discharge from eyes, no				IN	OUT	N/O N/A			arking and disposi			
IN O	UT N/C)	,				IN	OUT	N/O N/A	records	s) .	ic health control (p			
IN O	UT N/O		Preventing Contam Hands clean and properly w				IN	OUT	N/A Consumer a		mer adv	Consumer Adviso isory provided for			
			No bare hand contact with r	eady-to-eat foods or			undercook			ood Susceptible Popu	ulations				
approved alternate method prope		properly followed			Doctouring										
IN O	UT		Adequate handwashing faci accessible				IN OUT N/O N/A Pasteuriz			ods used, prohibite	ea tooas not				
IN O	UT		Approved Food obtained from approve			_	INI	OUT	N/A	Food a	dditivos	Chemical approved and proved	oporly used		
	UT N/	O N/A	Food received at proper terr				IN OUT T				es properly identif		and		
IN O	UT		Food in good condition, safe							ice with Approved					
IN O	UT N/C	N/A	Required records available: destruction	shellstock tags, parasite	•		IN	OUT	N/A		ance wi	th approved Speci an	ialized Proce	ess	
			Protection from (Food separated and protect					1-444		£ l- '4 -	!!!	-4414:4!	-44.4b - 4!.		
	UT	N/A					The letter to the left of each ite inspection.			em maica	ates that item's sta	atus at the th	me or the		
IN O	UT	N/A	Food-contact surfaces clear		IN = In compi					JT = not in compli O = not observed					
IN C	UT N/C)	Proper disposition of returne reconditioned, and unsafe for			N/A = not applicable COS=Corrected On					=Repeat Item				
					OOD RE										
IN	OUT		Good Retail Practices are pre Safe Food and W		ontrol the	e intro	duction	of pat	hogens, ch				foods.	COS	R
IIN	001	Paste	urized eggs used where requi		003	K	IIN	001	In-use u	itensils: p		Jse of Utensils stored		003) K
		Water	and ice from approved source	е						sils, equipment and linens: properly stored, dried,					
-			Food Temperature	Control			+		handled Single-u		e-service	articles: properly	stored. use	d	
			ate equipment for temperatur	e control						used pro	perly			-	
			ved thawing methods used nometers provided and accura	to			-		Food or			ipment and Vendi ct surfaces cleana			
		Helli	iometers provided and accura	ile					designe	d, constr	ucted, a	nd used			
			Food Identificat	ion					Warewa strips us		cilities: ir	nstalled, maintaine	ed, used; tes	it	
		Food	properly labeled; original cont						Nonfood	d-contact					
-		Insect	Prevention of Food Con s, rodents, and animals not pr				-		Hot and	cold wat	, -	cal Facilities able; adequate pre	PSSIIFA		
			mination prevented during foc				1					er backflow device			
<u> </u>		and di	splay nal cleanliness: clean outer cl	othing hair restraint			+		Sewage	and was	stewater	properly disposed	4	_	
		finger	nails and jewelry						Ū						
		Wiping	g cloths: properly used and sto	ored			\perp					constructed, suppl			
-		riuits	and vegetables washed before	c u56			+					disposed; facilitie d, maintained, and		4	
Perso	n in Ch	arge /T	itle: / /	lin	•	•			, , , , , , , , , , , ,		Date:				
Inone	otor: 4	/	ille: Long Lice Way Kathyn Pecant	HIL		IΤΛ	lanha	ne No	חטר	S No.	Follow	IID.	Yes		No
inspe	Lioi .	A Ma	Muy Kathyn Pecawt			10	vehilo	HE INO	. -			-up. -up Date:	169		INU



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

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ESTABLISHMEN	T NAME	ADDRESS	ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ii	n ° F
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	elimination, prevention or redu	ITY ITEMS uction to an acceptable level, haza in 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial
							CJL
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Code Reference	Core items relate to general sanitation,	operational controls, facilities	E ITEMS s or structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilities	s or structures, equipment design,	general maint	enance or sanitation stated.	(date)	
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 3 of

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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS	ADDRESS			CITY/ZIP		
FO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	JCT/ LOCAT	ION	TEMP. ii	n ° F
Code		PRIO	RITY ITEMS				Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or re VE IMMEDIATE ACTION wit	duction to an acthin 72 hours or	ceptable level, haza r as stated.	irds associate	d with foodborne illness	(date)	
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Person in Ch	ugu X Malley Kalleyn Pecawt	Lin_				Date:		
Inspector:	yn & Marley Kaldyn Pecant			Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No

MO 580-1814 (9-13)//

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CANARY - FILE COPY

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

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ESTABLISHMEN	IT NAME	ADDRESS			CITY/ZI	P		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ L				TEMP. i	n°F
Code Reference	Priority items contribute director injury. These items MUST	tly to the elimination, preventior	PRIORITY ITEMS or reduction to an a	acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial
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