

## 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 PER	RIOD OF TIME AS MA	Y BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	FACILITIES WHICH MUST BE CORRE ULATORY AUTHORITY. FAILURE TO			
ESTABLISHMENT N	OWNER:			SATIO			PERSON IN CHARGE:				
ADDRESS:	1	EST	ABLISH		NUMBE	R: COUNTY:	COUNTY:				
CITY/ZIP:	PHONE:	FAX	FAX:			P.H. PRIORITY : H	М	L			
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE		l Mer F.P.		GROCEF	RY STORI	E	INSTITUTION MOBILE TEMP.FOOD	VENDOF	RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Dis- License No.	WAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY PRIVATE			NON-COMMUNITY PRIVATE Date Sampled Results							
		RISK FACT		D INTE	RVENT	IONS					
								ntrol and Prevention as contributing fac	tors in	_	
Compliance	eaks. Public health interventions Demonstration of Kn				ne illnes: mpliance	s or injury		Potentially Hazardous Foods	CC	DS F	
IN OUT	Person in charge present, demor			IN (	OUT N	/0 N/A	Proper	cooking, time and temperature			
	and performs duties Employee Hea	lth		IN (		/0 N/A	Proper	reheating procedures for hot holding			
IN OUT	Management awareness; policy	oresent		IN (	OUT N/O N/A P		Proper cooling time and temperatures				
IN OUT	Proper use of reporting, restrictio Good Hygienic Pra				<u>OUT N</u> OUT	I/O N/A N/A		hot holding temperatures cold holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking or	r tobacco use			OUT N	N/O N/A Proper		date marking and disposition			
IN OUT N/O	No discharge from eyes, nose an	id mouth		IN	OUT N	I/O N/A	records	s a public health control (procedures /			
	Preventing Contamination Hands clean and properly washe						Consur	Consumer Advisory ner advisory provided for raw or			
IN OUT N/O				IN				rcooked food			
IN OUT N/O	No bare hand contact with ready- approved alternate method prope							Highly Susceptible Populations			
IN OUT				IN (			Pasteur offered	Pasteurized foods used, prohibited foods not			
	Approved Sour	се					Unered	Chemical			
IN OUT Food obtained from approved sour					Toxio			dditives: approved and properly used ubstances properly identified, stored ar	vd.		
IN OUT N/O N/A				IN	used		used		iu		
IN OUT	OUT Food in good condition, safe and unad				Comr			nformance with Approved Procedures ance with approved Specialized Proces	·c		
IN OUT N/O N/A	destruction			IN				CCP plan	5		
	Protection from Conta Food separated and protected	amination		The	lattar to	the left of	oach ita	m indicates that item's status at the tim	a of tha		
IN OUT N/A	Food-contact surfaces cleaned & sanitized			inspection.							
	Proper disposition of returned previously service			IN = in compliance N/A = not applicable				OUT = not in compliance N/O = not observed			
IN OUT N/O reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item							
	Good Retail Practices are prevent		OD RETAI			aons ch	micale	and physical phiacts into foods			
IN OUT	Safe Food and Water		COS R		OUT	gens, che		Proper Use of Utensils	COS	R	
	Pasteurized eggs used where required							roperly stored ent and linens: properly stored, dried,			
vvaler	Water and ice from approved source					handled					
Adequ	Food Temperature Contr uate equipment for temperature cor					Single-us Gloves u		e-service articles: properly stored, used			
	oved thawing methods used					010763 0		ils, Equipment and Vending			
Thern						d nonfoo	d-contact surfaces cleanable, properly ucted, and used				
Food Identification						Warewa	shing fac	cilities: installed, maintained, used; test			
Food properly labeled; original container						strips us					
	nation					d-contact surfaces clean Physical Facilities					
	Insects, rodents, and animals not present Contamination prevented during food prepara			_			and cold water available; adequate pressure bing installed; proper backflow devices				
and d	and display						-		_	_	
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed						
Wiping cloths: properly used and stored							t facilities: properly constructed, supplied, cleaned				
Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintaine Physical facilities installed, maintained, and clean						
Person in Charge /T	Title: Chuste Serier							Date:			
Inspector:			Γ	Telepho	ne No.	PHE	S No.	Follow-up: Yes		No	
MO 580-1814 (9-13)	Curper Charley Loonyn Pecand			•				Follow-up Date:		E6.37	
	V.	SIGHTOON. WHITE -	JANNEN O UU		C C	// u w/u x i = f'll				L0.0/	



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

Marce Control Interest	OOD ESTABLISHMENT IN		PAGE <sup>2</sup> of				
ESTABLISHMEN	T NAME		CITY /ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F	T/ LOCATIO	N	TEMP. ir	n°F	
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72 I	to an acceptable level, hazards hours or as stated.	associated w	vith foodborne illness	(date)	
Code	_	CORE ITEI	MS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or sti Ps). These items are to be corrected	ructures, equipment design, ger ed by the next regular inspect	tion or as sta	ance or sanitation ated.	(date)	
							as a
							20
							<u>مل</u>
							12
							سلى
		EDUCATION PROVID	JED OR COMMENTS				
	(						
Person in Ch	Mush Den	in the second se			Date:		
Inspector:	urpillhelly Kathy Pecand	-		F	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13		DISTRIBUTION: WHITE - OWNER'S COPY	CANARY – FILE COPY	· · ·			E6.37A