

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 CTION, OR SUCH SHORTER P S FOR CORRECTIONS SPECIFI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED	IN WRIT	ING BY 1	HE REG	ULATORY AUTHORITY. FAI			
ESTABLISHMENT N									PERSON IN CHARGE:		
ADDRESS:	SS:			ESTABLISHMENT NUMBER:			NUMBE	R: COUNTY:	COUNTY:		
CITY/ZIP:		PHONE:		FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	BAKERY C. STORE CATERER DELI GROCERY STORE			ŀΕ	INSTITUTION TEMP.FOOD	MOBILE V	ENDOF	RS			
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
	approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVA			UPPLY //UNITY			COMMUNITY I	PRIVATE Results		
License No		RISK FAC		INTE	RVENT	IONS					
	preparation practices and employ							ntrol and Prevention as contrib	outing facto	ors in	
foodborne illness outbr Compliance	eaks. Public health intervention Demonstration of h				ne illnes mpliance		/. 	Potentially Hazardous Foo	ds	CC	S R
IN OUT	Person in charge present, dem			IN	OUT N	N/O N/A	Proper	cooking, time and temperatur			
	and performs duties Employee He	ealth		IN	OUT N	N/O N/A	Proper	reheating procedures for hot	holding		
IN OUT	Management awareness; police Proper use of reporting, restrice			IN		N/O N/A		cooling time and temperature hot holding temperatures	s		
IN OUT	Good Hygienic F				1 TUO TUO	N/A N/A		cold holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose			IN	OUT I	N/O N/A		date marking and disposition a public health control (proce	oduros /		
IN OUT N/O	5			IN	1 TUO	N/O N/A	records)			
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw boked food	or		
IN OUT N/O	No bare hand contact with read					Highly Susceptible Populations			ons		
IN OUT	approved alternate method pro Adequate handwashing facilitie			IN	N TUO	Pasteurized foods used, prohibited foo			oods not		
	accessible Approved Sc	urce				10 11/11	offered	Chemical			
IN OUT	Food obtained from approved :	source		IN	OUT	N/A		dditives: approved and proper			
IN OUT N/O N/A	Food received at proper temper	erature		IN	IN OUT Toxic substances properly identified, sused		stored and	d			
IN OUT	Food in good condition, safe and unadulterated					nformance with Approved Pro					
IN OUT N/O N/A	Required records available: sh destruction			IN	OUT	N/A	N/A Compliance with approved Specialized Process and HACCP plan				
IN OUT N/A	Protection from Cor Food separated and protected	ntamination	-	The	letter to	the left o	f each ite	m indicates that item's status	at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned	& sanitized	+	inspection.							
	Proper disposition of returned,					ın compiia = not appl		OUT = not in compliance N/O = not observed	9		
IN OUT N/O	reconditioned, and unsafe food	i ʻ				=Correcte	ed On Site	R=Repeat Item			
	Good Retail Practices are preve		OD RETAIL			ogens ch	emicals a	and physical objects into food	9		
IN OUT	Safe Food and Water		COS R	IN	OUT	ogens, en		Proper Use of Utensils	<u>. </u>	COS	R
	urized eggs used where required and ice from approved source							roperly stored ent and linens: properly stored	المعامط		
vvalei						handled			<u> </u>		
Adag	Food Temperature Cou uate equipment for temperature of						ise/single- used prop	-service articles: properly stor	ed, used	1	1
	oved thawing methods used	John Of		1			Utens	ils, Equipment and Vending			1
Thern	nometers provided and accurate						d nonfoo	d-contact surfaces cleanable,	properly		
	Food Identification					Warewa	shing fac	ıcted, and used ilities: installed, maintained, u	sed; test		
Food	properly labeled; original contain	er				strips us Nonfood		surfaces clean			
	Prevention of Food Contar					,		Physical Facilities			
	ts, rodents, and animals not presumination prevented during food							er available; adequate pressud; proper backflow devices	re		
and d	isplay .	,									
	nal cleanliness: clean outer cloth	ing, hair restraint,						tewater properly disposed		1	
Wipin	g cloths: properly used and store							operly constructed, supplied,			
Fruits	and vegetables washed before u	ise		+				roperly disposed; facilities ma installed, maintained, and cle		+	
Person in Charge /T	Title: Unfl		l l	-		,		Date:		•	•
Inspector: 1/.	All de		T-	elepho	ne No.	PHE	S No.	Follow-up:	Yes		No
MO 580-1814 (9-13)	JULINAURY	DISTRIBUTION: WHITE -				CANARY – F	1	Follow-up Date:			E6.37



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME ADDRESS CITY/ZIP	CITY/ZIP		
FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT/ LOCATIO	DN TEMP. in ° F		
Code Reference PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated wor injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	vith foodborne illness Correct by (date) Initial		
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Code Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenstandard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as sta	Correct by Initial ance or sanitation (date)		
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EDUCATION PROVIDED OR COMMENTS			
Demons in Change (Tiller	Date:		
Person in Charge /Title:	IOTO:		
Inspector: Telephone No. PHES No. F	Follow-up: Yes No		



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

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Code			RITY ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	elimination, prevention or red E IMMEDIATE ACTION with	fluction to an acceptable level, hazar in 72 hours or as stated.	rds associated	d with foodborne illness	(date)	
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Code		COR	RE ITEMS			Correct by	Initial
Reference	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.						
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		EDUCATION P	ROVIDED OR COMMENTS				
Person in Ch	narge /Title:	11			Date:		
Inspector:	The Aller of Pro		Telephone No.	PHES No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Karla Thank	DISTRIBUTION: WHITE - OWNER			Follow-up Date:		E6.37A



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

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ESTABLISHMENT	NAME	ADDRESS		CITY/ZIF	CITY/ZIP			
FOO	D PRODUCT/LOCATION	TEMP. in ° F	in ° F FOOD PRODUCT/ LOCATION			DN TEMP. in ° F		
Code		PRIOR	RITY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the el or injury. These items MUST RECEIVE	mination, prevention or red IMMEDIATE ACTION with	uction to an acceptable level, haza in 72 hours or as stated.	rds associated	d with foodborne illness	(date)		
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Person in Cha	A All A	The same of the sa	Telephone No.	PHES No.	Date: Follow-up:	Yes	No	
Inspector:	Luga XIVally	DISTRIBUTION: WHITE - OWNER			Follow-up Date:	165	INO E6.37A	



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Person in Cha	arge /Title:	WIL			Date:			
Inspector:	Turnet Marker		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	
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