

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 PI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	IN WRIT	ING BY T	THE REGU	JLATORY AUTHORITY. FAI				
ESTABLISHMENT N		IS SPECIFIED IN THIS NOTICE MAY RESULT OWNER:			334110	NOI TO	OK I OOD	PERSON IN CHARGE:				
ADDRESS:		-			ESTABLISHMENT NUMBER:			R: COUNTY:	COUNTY:			
CITY/ZIP:		PHONE:		FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	BAKERY C. STORE CATERER DELI			GROCERY STORE INSTITUTION MOBILE VENDORS TAVERN TEMP.FOOD					RS			
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable SEWAGE DISPOSAL PUBLIC COMM License No. PRIVATE												
License No	-	RISK FAC) INTE	RVENT	IONS						
	preparation practices and employ	ree behaviors most com	monly repor	rted to th	ne Cente	ers for Dis		trol and Prevention as contrib	outing facto	ors in		
foodborne illness outbro	eaks. Public health intervention Demonstration of h				ne illnes mpliance	s or injury	/. [Potentially Hazardous Foo	ds	CC	OS R	
IN OUT	Person in charge present, dem			+		I/O N/A	Proper o	cooking, time and temperature				
	and performs duties Employee He	ealth				I/O N/A	Proper	reheating procedures for hot	holding		-	
IN OUT	Management awareness; polic	y present		IN (OUT N	I/O N/A	Proper of	cooling time and temperature				
IN OUT	Proper use of reporting, restrict Good Hygienic F				1 TUO TUO	N/A N/A		not holding temperatures cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking					N/O N/A	Proper of	date marking and disposition				
IN OUT N/O	No discharge from eyes, nose			IN	OUT N	I/O N/A	records)		edures /			
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	OUT	N/A		Consumer Advisory er advisory provided for raw	or			
IN OUT N/O	No bare hand contact with read						undercooked food Highly Susceptible Populations					
IN OUT	approved alternate method pro Adequate handwashing facilitie			INI	OUT N	1/O N/A	Pasteurized foods used, prohibited foods not					
110 001	accessible Approved So			IIN	001 1	I/O N/A	offered	Chemical				
IN OUT	Food obtained from approved s			IN	OUT	N/A	Food ad	ditives: approved and proper	ly used			
IN OUT N/O N/A	Food as a bised at a secretaria continue			IN	IN OUT Toxic substances properly identified, stored used			stored and	b			
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Pro							
IN OUT N/O N/A	Required records available: shi destruction							mpliance with approved Specialized Process I HACCP plan				
Protection from Contamination IN OUT N/A Food separated and protected				The	letter to	the left o	f each iten	n indicates that item's status	at the time	of the		
Food contest surfaces classed 0, continued				inspection.								
Proper disposition of returned, proviously served			-	IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item												
	Good Retail Practices are preve		OD RETAIL			ngens ch	emicals a	nd physical objects into food	9			
IN OUT	Safe Food and Water		COS R	IN	OUT	ogeno, en		Proper Use of Utensils	<u>. </u>	COS	R	
	urized eggs used where required and ice from approved source							operly stored	d dried			
vvalei	and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled						
Adequ	Food Temperature Cou uate equipment for temperature of			_			use/single- used prope	service articles: properly stor	ed, used			
	oved thawing methods used	Ontio				Gioves		ls, Equipment and Vending				
Therm	nometers provided and accurate							l-contact surfaces cleanable,	properly			
	Food Identification				shing faci	lities: installed, maintained, u	sed; test					
Food properly labeled; original container				strips used Nonfood-contact surfaces clean								
Prevention of Food Contamination			_	Physical Facilities Hot and cold water available; adequate pressure								
Insects, rodents, and animals not present Contamination prevented during food preparation, storage			+				r avaliable; adequate pressu l; proper backflow devices	ie				
and display Personal cleanliness: clean outer clothing, hair restraint,			+									
fingernails and jewelry			Sewage and wastewater properly disposed									
	g cloths: properly used and store and vegetables washed before u			+				operly constructed, supplied, roperly disposed; facilities ma				
								installed, maintained, and cle				
Person in Charge /T	Title: Q ~~ A~~	~~		· <u> </u>				Date:				
Inspector:	a Bradu		Te	elepho	ne No.	PHE		•	Yes		No	
MO 580-1814 (9-13/	1	DISTRIBUTION: WHITE -	- OWNER'S COF	PΥ	(CANARY – FI		Follow-up Date:			E6.37	



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	FSTARI	ISHMENT	INSPECTIO	N REPORT
OOD	LOIADL		HINGELUIC	

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIOF Elimination, prevention or red E IMMEDIATE ACTION with	RITY ITEMS duction to an acceptable level, haza nin 72 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilitie	RE ITEMS as or structures, equipment design, corrected by the next regular ins	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			ROVIDED OR COMMENTS					
EDUCATION FROVIDED OR COMMENTS								
Person in Ch	narge /Title:	~~~			Date:			
Inspector:	jayla Braay	DISTRIBUTION: WHITE - OWNER	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A	