

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	ECTION, OR SUCH SHORTER P	ERIOD OF TIME AS MA	AY BE SPE	CIFIED	IN WR	ITING BY 1	THE REGUL	CILITIES WHICH MUST BE CORF LATORY AUTHORITY. FAILURE TO OPERATIONS		
ESTABLISHMENT		OR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT ME: OWNER:			200/111	014 01 10	OKT OOD (PERSON IN CHARGE:		
ADDRESS:				ES	ESTABLISHMENT NUMBER:			: COUNTY:		
CITY/ZIP:		PHONE:		FA	FAX: P.H. F			P.H. PRIORITY: H	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P.			GROCERY STORE INSTITUTION MOBILE VENDORS TAVERN TEMP.FOOD						RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other							
Approved Disapproved Not Applicable PUBLIC CO			TER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results							
License No		RISK FAC		D INTI	ERVEN	ITIONS				
								ol and Prevention as contributing fa	ctors in	
toodborne illness outb	reaks. Public health interventio				orne illne Compliand		y. T	Potentially Hazardous Foods		OS R
IN OUT	Person in charge present, dem and performs duties			IN	OUT	N/O N/A	Proper co	ooking, time and temperature		
	Employee H			IN	OUT	N/O N/A	Proper re	eheating procedures for hot holding		
IN OUT	Management awareness; police Proper use of reporting, restrice				OUT	N/O N/A		ooling time and temperatures of holding temperatures		
IN OUT	Good Hygienic F			IN		N/O N/A N/A		old holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose				IN OUT N/O N/A Proper date r			ate marking and disposition a public health control (procedures	,	
IN OUT N/O	,			IN	OUT	N/O N/A	records)			
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	IN OUT N/A Consumer advisory pro		Consumer Advisory er advisory provided for raw or			
IN OUT N/O	No bare hand contact with rea				undercooke			Highly Susceptible Populations		
IN OUT	approved alternate method pro Adequate handwashing facilitie accessible			IN	IN OUT N/O N/A Pasteurized offered			ed foods used, prohibited foods not		
	Approved So	ource					ollered	Chemical		
IN OUT Food obtained from approved source				OUT	N/A		itives: approved and properly used stances properly identified, stored	and		
IN OUT N/O N/A Food received at proper temperature			IN	used		used				
	IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite			+	Compliance			ormance with Approved Procedures ce with approved Specialized Proc		
IN OUT N/O N/A destruction			IN	IN OUT N/A and HACCP plan						
IN OUT N/A	Protection from Co Food separated and protected			H Tr	ne letter	to the left o	f each item	indicates that item's status at the ti	me of the	<u> </u>
IN OUT N/A	Food contact confesses also as			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		OD DETAIL	DDA		S=Correcte	ed On Site	R=Repeat Item		
	Good Retail Practices are preve		OD RETAIL			thogens, ch	emicals, an	d physical objects into foods.		
IN OUT	Safe Food and Wat	er	COS R	IN			Pr	oper Use of Utensils	COS	S R
	eurized eggs used where required er and ice from approved source	1						perly stored t and linens: properly stored, dried,		
						handled	handled			
Adec	Food Temperature Co quate equipment for temperature of			+			ise/single-s used propei	ervice articles: properly stored, use	d	
Appr	Approved thawing methods used						Utensils	, Equipment and Vending		
Ther	mometers provided and accurate							contact surfaces cleanable, properl ted, and used	У	
	Food Identification	1		Warewashing facilities: ir		ies: installed, maintained, used; tes	st			
Food	strips used strips used Nonfood-contact surfaces		ırfaces clean							
Prevention of Food Contamination				Physical Facilities						
Insects, rodents, and animals not present Contamination prevented during food preparation, storage			+	-			available; adequate pressure proper backflow devices			
and display							· ·			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry							water properly disposed			
Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned					
Fruits	s and vegetables washed before	use		Garbage/refuse properly disposed; facilities maintain Physical facilities installed, maintained, and clean			d			
Person in Charge /	Title: (Max 2)		<u> </u>		-	,0100	1	ate:	ı	I
Inspector:	la Brady Ble 4	<i>1</i>	IΤ	elenh	one No) FDU	S No. Fo	ollow-up: Yes		No
MO 580-1814 (9-13)	Va Drady Blue 4	DISTRIBUTION: WHITE -			J.10 140	CANARY - F	Fo	ollow-up Date:		E6.37
IVIO 000-1014 (9-13)	U	DISTRIBUTION: WHITE-	OWNER 3 CO			CANART - F	ILE COPT			E0.37



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PAGE ² of

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
Code		PRIOR	ITY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or red E IMMEDIATE ACTION with	uction to an acceptable level, haza in 72 hours or as stated.	rds associate	d with foodborne illness	(date)		
							ر الحه	
							11	
							ے تھ	
Code		COR	E ITEMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities	s or structures, equipment design,	general maint ection or as	enance or sanitation stated.	(date)		
	-						عال	
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		EDUCATION PF	ROVIDED OR COMMENTS					
Person in Ch	narge /Title: \(\sqrt{1} \sqrt{2}				Date:			
			Talantana N	EPHS No.		Vas	NIa	
Inspector:	Myla Brady Ble	Red	Telephone No.	LI TIS INU.	Follow-up: Follow-up Date:	Yes	No	