

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	CTION, OR SUCH SHORT	ER PERIOD OF TIME AS	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REGU	ACILITIES WHICH MUST BE CORRECT JLATORY AUTHORITY. FAILURE TO			
ESTABLISHMENT NAME:				OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOUNGER:				JN OF TO	UK FOOD	PERSON IN CHARGE:			
ADDRESS:				,	ESTABLISHMENT				SHMENT	NUMBER	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L	
B R	ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENT				DELI GROCERY STOR TER SUMMER F.P. TAVERN					RE INSTITUTION MOBILE VENDORS TEMP.FOOD				
PURPO:	SE re-openi	ng	Routine Follow	w-up Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable					WAGE DISPOSAL WATER SUPPLY COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results				
	License	No		PRIV						Date 3	ampieu Results _			
Di L				RISK FA							to be a December of the first factor			
			reparation practices and ei eaks. Public health interve								trol and Prevention as contributing factor	rs in		
Complia	nce			n of Knowledge	COS	R	R Compliance			Potentially Hazardous Foods			S R	
IN O	UT		Person in charge present and performs duties	, demonstrates knowledge	,		IN	OUT N/O N/A		Proper cooking, time and temperature				
			Employ	ee Health			IN OUT N/O N/A				reheating procedures for hot holding			
	<u>UT</u> UT		Management awareness; Proper use of reporting, r			-	_		N/O N/A		Proper cooling time and temperatures Proper hot holding temperatures			
				enic Practices				OUT	N/A		cold holding temperatures			
	UT N/O		Proper eating, tasting, dri No discharge from eyes,				IN	IN OUT N/O N/A Pro			date marking and disposition			
IN O	UT N/C)	, ,				IN	OUT	N/O N/A	records)				
IN O	UT N/O		Preventing Conta Hands clean and properly	amination by Hands / washed			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or			
IN O	UT N/C		No bare hand contact wit	h ready-to-eat foods or							oked food Highly Susceptible Populations			
		,		approved alternate method properly followed						Dootour	ized foods used prohibited foods not			
IN OUT			Adequate handwashing facilities supplied & accessible							offered	ized foods used, prohibited foods not			
IN O	UT		Approved Source Food obtained from approved source				IN OUT N/A			Food or	Chemical Iditives: approved and properly used			
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT			Toxic substances properly identified, stored and used				
IN OUT			Food in good condition, safe and unadulterated							Conformance with Approved Procedures				
IN O	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction				IN OUT N/A		Compliance with approved Specialized Process and HACCP plan					
	Protection from Contami													
IN O	UT	N/A	'	d separated and protected			The letter to the left of each item indicates the inspection.				n indicates that item's status at the time	of the		
IN O	IN OUT N/A F		Food-contact surfaces cleaned & sanitized				IN = in compliance N/A = not applicable				OUT = not in compliance			
IN OUT N/O)	Proper disposition of returned, previously served, reconditioned, and unsafe food							plicable N/O = not observed ted On Site R=Repeat Item				
			reconditioned, and undare		SOOD RE	TAIL	PRAC ⁻				.,,			
	,								hogens, ch		and physical objects into foods.			
IN	OUT Paste		Safe Food and urized eggs used where red		COS	R	IN	OUT	In-use u		Proper Use of Utensils operly stored	cos	R	
			and ice from approved sou						Utensils	ls, equipment and linens: properly stored, dried				
Adeq			Food Temperatur	re Control			+		handled Single-		service articles: properly stored, used			
		Adequ	uate equipment for temperature control				1			es used properly				
	Approved thawing methods Thermometers provided and								F	Utensils, Equipment and Vending				
			iometers provided and acci	urate						nd nonfood-contact surfaces cleanable, properly ed, constructed, and used				
			Food Identific	cation							lities: installed, maintained, used; test			
		Food	oroperly labeled; original co	ontainer				strips used Nonfood-contact s			surfaces clean			
			Prevention of Food C								Physical Facilities			
	Insects, rodents, and animals not present Contamination prevented during food preparation, store and display Personal cleanliness: clean outer clothing, hair restrain						+				r available; adequate pressure l; proper backflow devices			
							1							
Personal cleanliness: clean ou fingernails and jewelry				clothing, hair restraint,	g, hair restraint,				Sewage	e and wastewater properly disposed				
	Wiping cloths: properly used and stored			stored							operly constructed, supplied, cleaned			
	Fruits and vegetables washed before use		fore use			_				roperly disposed; facilities maintained				
Perso	n in Ch	arge /T	itle: Valtuma Per	mt	1	i	-	l	rnysica		installed, maintained, and clean Date:	I	I	
. 5.50			itle: Pattyn Per	- •										
Insped	ctor:	tty	2 Pecent			Te	elepho	ne No	. PHE		Follow-up: Yes Follow-up Date:	1	No	



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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction /E IMMEDIATE ACTION within 72	ITEMS n to an acceptable level, haza n hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items into a record							
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT a, operational controls, facilities or sets. Ps). These items are to be correct	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION PROV	IDED OR COMMENTS				*7	
Damas is Cl	Tible 4	1			Data			
Person in Ch	narge /Title: Slibs k. S			DUEC ::	Date:			
Inspector:	Lattyn Pecent		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	