

## 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 RO	UTINE	INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	HE RE	<b>SULA</b>	ILITIES WHICH MUST BE CORRE			
				OWNER:	THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD WNER:					<u> </u>	PERSON IN CHARGE:				
ADDRESS:					ESTABLISHMENT NUI				HMENT	NUMBI	ER:	COUNTY:			
CITY/ZIP: Ph				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTE					DELI GROCERY STORE SUMMER F.P. TAVERN					!E		INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPOS Pr	E e-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable				PUBLIC COMMUNITY				NON-COMMUNITY PRIVATE Date Sampled Results							
	License	No		PRIVA RISK FAC		AND	INITE	D\/EN	TIONS	Buto	Cuii	results			
Risk fac	ctors ar	e food n	reparation practices and employ							ease Co	ntrol	and Prevention as contributing fac	tors in		
foodbor	ne illnes		eaks. Public health intervention	ns are control measur	es to pre	event f	oodbor	ne illne	ss or injury					20   1	
Complian			Demonstration of I Person in charge present, dem					<u> </u>		Potentially Hazardous Foods Proper cooking, time and temperature		CC	DS R		
IN OL	JT		and performs duties  Employee H	<u> </u>					N/O N/A	N/A					
IN OL	JT		Management awareness; police				_		N/O N/A			ling time and temperatures			
IN OL	JT		Proper use of reporting, restrict						N/O N/A Proper h			holding temperatures			
IN OL	JT N/O	)	Good Hygienic F Proper eating, tasting, drinking					OUT				holding temperatures e marking and disposition			
IN OL	JT N/C	)	No discharge from eyes, nose						N/O N/A	Time as a		public health control (procedures /			
01	IT N/O		Preventing Contamina Hands clean and properly was				<b>I</b>	O				Consumer Advisory advisory provided for raw or			
	JT N/O		No bare hand contact with rea								cooke	ed food ghly Susceptible Populations			
	JT N/C	)	approved alternate method properly followed Adequate handwashing facilities supplied &				Paste			Paste		d foods used, prohibited foods not			
IN OL	) i		accessible  Approved Source				IN OUT N/O N/A offered					Chemical			
IN OL	JT		Food obtained from approved source				IN OUT N/A Food			Food	additi	ves: approved and properly used			
IN OUT N/O N/A		N/A	Food received at proper temperature							Toxic used	Toxic substances properly identified, stored and used				
IN OUT			Food in good condition, safe and unadulterated  Required records available: shellstock tags, parasite				Co				Conformance with Approved Procedures  Compliance with approved Specialized Process				
		) N/A	destruction							and HACCP plan			S		
Protection from Contamina IN OUT N/A Food separated and protected					+	The letter to the left of each item				em in	dicates that item's status at the tim	e of the			
Fred content conference desired				inspection.											
Prop				roper disposition of returned, previously served,			IN = in compliance N/A = not applicable					OUT = not in compliance N/O = not observed			
IN OUT N/O		)	reconditioned, and unsafe food						S=Correcte	ted On Site R=Repeat Item					
			Good Retail Practices are preve		OOD RE				nogens ch	emicals	and	physical objects into foods			
IN	OUT		Safe Food and Wat	er	COS	R	IN	OUT		Proper Us		per Use of Utensils	COS	R	
			urized eggs used where required and ice from approved source	İ			1			led		erly stored and linens: properly stored, dried,			
									handled						
Appro		Adeau	Food Temperature Co late equipment for temperature of					$\vdash$		use/single-service articles: properly used properly					
		Appro	ved thawing methods used							Uten	sils, I	Equipment and Vending			
	Thermo		nometers provided and accurate									ontact surfaces cleanable, properly d, and used			
			Food Identification							shing fa		s: installed, maintained, used; test			
		Food	properly labeled; original contain									aces clean			
		Insect	Prevention of Food Contains, rodents, and animals not pres	ention of Food Contamination			+		Hot and	cold wa		nysical Facilities vailable; adequate pressure		+	
	Contaminati		mination prevented during food				1					roper backflow devices			
fingernails			splay nal cleanliness: clean outer clothing, hair restraint, nails and jewelry g cloths: properly used and stored				1		Sewage	ge and wastewater properly disposed			+		
		fingerr					1-		Toilet fo	cilitios	ropo	rly constructed, supplied, cleaned	-	-	
			and vegetables washed before					L	Garbage	e/refuse	prop	erly disposed; facilities maintained	1	<u> </u>	
			•								s inst	alled, maintained, and clean			
Persor	in Ch	arge /T	itle: Shift for Early								Dat	e:			
Inspec	tor:	ath	m fecant			Те	lepho	ne No.	PHE	S No.		ow-up: Yes ow-up Date:		No	



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

## FOOD ESTABLISHMENT INSPECTION REPORT

PAGE <sup>2</sup> of

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 7:	ITEMS in to an acceptable level, haza 2 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 , operational controls, facilities or s). These items are to be corre	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION PROV	TIDED OR COMMENTS					
Porcon in Ch	parao /Titlo: - / / / / .				Data:			
	parge /Title: Shelp to Carty		Γ	DUESN	Date:			
Inspector:	Kathyn Fecant		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13) DISTRIBUTION: WHITE – OWNER'S COPY CANARY – FILE COPY