

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	TION THIS DAY, THE ITEMS N CTION, OR SUCH SHORTER P	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WR	TING BY 1	THE REG	ULAT	ORY AUTHORITY. FAI			
-				OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOUNDER:							PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT N					NUMBE	R:	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY :	Н	М	L
B R	ISHMEN AKERY ESTAUI		C. STORE CATER SCHOOL SENIO		DELI GROCERY STORE TER SUMMER F.P. TAVERN					E INSTITUTION MOBILE VENDORS TEMP.FOOD					
PURPO P	SE re-openi	ng	Routine Follow-up	Complaint	Complaint Other										
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPOS	IC COMMUNITY N					NON-COMMUNITY PRIVATE Date Sampled Results Results					
	License	No	<u> </u>	PRIV		AND	INITE	D) (E)	TIONO	Date	Samp		Nesuits		
Diel. fe				RISK FAC						0-	-41-	and Daniel and an acceptable		:	
			preparation practices and employeaks. Public health intervention								ntroi a	nd Prevention as contrib	outing facto	ors in	
Complia	nce		Demonstration of	•	COS			mplianc	е	0		tentially Hazardous Food		CO	S R
IN O	UT		Person in charge present, den and performs duties	arge present, demonstrates knowledge, s duties			IN OUT		N/O N/A	A Proper cooking, time and temperature		е			
INI -			Employee H				_		N/O N/A			ating procedures for hot			
	UT UT		Management awareness; police Proper use of reporting, restrict			-			N/O N/A			ng time and temperature olding temperatures	S		
			Good Hygienic I	Practices				OUT	N/A	Proper	cold l	nolding temperatures			
	UT N/C		Proper eating, tasting, drinking No discharge from eyes, nose			_	IN	OUT	N/O N/A			marking and disposition blic health control (proce	oduroo /		
IN O	UT N/C)	, ,				IN	OUT	N/O N/A	records			edules /		
IN O	UT N/O)	Preventing Contamina Hands clean and properly was				IN	OUT	N/A			Consumer Advisory dvisory provided for raw	or		_
IN 0	UT N/C	`	No bare hand contact with rea	dy-to-eat foods or			1			underc		tood Try Susceptible Population	ons		-
			approved alternate method pro					Paetourize			ri=od	foods used prohibited fo	anda nat		_
IN O	UT		Adequate handwashing facilitic accessible				IN	IN OUT N/O N/A offered				foods used, prohibited fo	Dous not		
			Approved So Food obtained from approved				IN OUT N/A			Chemical Food additives: approved and properly used					_
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT			Toxic s	Toxic substances properly identified, stored and used			d	
IN O	IN OUT		Food in good condition, safe and unadulterated							Co		ance with Approved Pro			
I INI CALIT NI/CA NI/AT '		Required records available: sh destruction	ellstock tags, parasite			IN OUT N/A		N/A	Compliance with approved Specialized Process and HACCP plan			5			
			Protection from Co											•	
IN O	UT	N/A	Food separated and protected				The letter to the left of each inspection.				em ind	icates that item's status	at the time	of the	
IN O	UT	N/A	Food-contact surfaces cleaned					IN =	= in compliance O			OUT = not in compliance	е		
		Proper disposition of returned, reconditioned, and unsafe foo						. = not appl S=Correcte	olicable N/O = not observed ted On Site R=Repeat Item						
			recordationed, and another look		OOD RE	TAIL	PRAC [*]					·			
	,	•	Good Retail Practices are preven						hogens, ch				S.		
IN OUT		Paste	Safe Food and Wat urized eggs used where required		COS	R	IN	OUT	In-use i	Proper Use of Utensils e utensils: properly stored			cos	R	
			and ice from approved source	ч					Utensils	sils, equipment and linens: properly stored, dried,					1
			Food Temperature Control		<u> </u>	+	-		handled Single-		-servi	ce articles: properly stor	hazıı ha		-
	Adequate equipment for temperature con Approved thawing methods used Thermometers provided and accurate		uate equipment for temperature	control						use/single-service articles: properly stored, used used properly				+	
			<u>U</u>						F			quipment and Vending			1
											tact surfaces cleanable, and used	properly			
			Food Identification	١					Warewa		cilities	installed, maintained, u	ised; test		
	Food properly labeled; original container Prevention of Food Contamir Insects, rodents, and animals not present								Nonfood-contact sur						
							Hot and co		Physical Facilities d cold water available; adequate pressure				-		
Contamination prevented during and display Personal cleanliness: clean oute fingernails and jewelry Wiping cloths: properly used and						1					per backflow devices	10		+	
			ning hair restraint			lacksquare		Sawaca	vage and wastewater properly disposed				+		
		nails and jewelry						Ū							
		g cloths: properly used and store	ed			1					y constructed, supplied,			4	
-		riuits	and vegetables washed before	uoc			+					ly disposed; facilities ma lled, maintained, and cle		1	+
Perso	n in Ch	arge /T	itle: 2 Mould III					•	, ,		Date			•	-
Ineno	other:	· ~	1000/100/100/100/1/V			IΤΔ	lenho	ne No	EDL	S No.	Follo	w-up:	Yes	N	No
Inspector trailing Persuati					'	cpi io	140	. - ' ' '			w-up. w-up Date:	100		10	



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

FOOD	ESTAB	LISHMENT	INSPECT	ION RE	PORT
OOD			11401 E01		

PAGE ² of

ESTABLISHMEN ⁻	Г NAME	ADDRESS		CITY/ZII	P		
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. ir	ı°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY ITEMS elimination, prevention or reduction to a /E IMMEDIATE ACTION within 72 hour	S n acceptable level, haza rs or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITEMS a, operational controls, facilities or structures). These items are to be corrected by	res, equipment design, y the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial
							PN
							0.0
							PN
							PN
							, ,,
		EDUCATION PROVIDED	OR COMMENTS				
Person in Ch	arge /Title:				Date:		
Inspector: (0.13)	stilys Peaut	DISTRIBUTION: WHITE _ OWNER'S CORY	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374

MO 580-1814 (9-13)

* DISTRIBUTION: WHITE – OWNER'S COPY

CANARY – FILE COPY

E6.37A