

## 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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPEC WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT ESTABLISHMENT NAME:  OWNER:												COMPL	.Y	
ADDRESS:						ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP:			PHONE:		F	FAX:					P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMME			ELI MMER F.P	).	GROCERY STORE INSTITUTION TAVERN TEMP.FOOD				MOBILE \	'ENDOR	S			
PURPOSE Pre-open		Routine Follow-up		Other										
FROZEN DESSERT Approved Disapproved Not Applicable PUBL			- 1					NON-COMMUNITY PRIVATE						
License No PRIV										Sam	pled	Results		
Di I ( )			RISK FAC								15	at the Care Cont		
		preparation practices and emplo eaks. Public health intervention								ontrol	and Prevention as col	ntributing fact	ors in	
Compliance Demonstration of Knowled			•	COS	R					Potentially Hazardous Foods			CO	S R
IN OUT	and periorns duties		3 ,			IN OUT N/O N/A			Proper cooking, time and temperature					
IN OUT		Employee F Management awareness; poli			_			N/O N/A			eating procedures for		-	
IN OUT		Proper use of reporting, restri	ction and exclusion			IN (	TUC	JT N/O N/A Proper ho			bling time and temperatures t holding temperatures			
IN OUT N/O	С	Proper eating, tasting, drinkin	g or tobacco use						Prope	oper cold holding temperatures oper date marking and disposition				
IN OUT N/	0	No discharge from eyes, nose				IN (	1 TUC	N/O N/A	Time recor		public health control (procedures /			
IN OUT N/O	)	Preventing Contamin Hands clean and properly was				IN	TUC	N/A Consumer undercooke			Consumer Advisor advisory provided for r			
IN OUT N/0	)	No bare hand contact with rea approved alternate method pr									ighly Susceptible Populations			
IN OUT  Adequate handwashing facilities saccessible						IN OUT N/O N/A Pasteuriz offered				l foods used, prohibite	ed foods not			
Approved Source						INI	IN OUT N/A Food addit			1 -1141-	Chemical			
IN OUT Food obtained from approved source  IN OUT N/O N/A Food received at proper temperature										ves: approved and pro ances properly identifi		d		
Regu		Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite				IN OUT N/A Compliance			nance with Approved with approved Specia		s			
IN OUT N/O N/A destruction  Protection from Contamination		ontamination			IIN		IN/A	and F	HACCE	P plan				
IN OUT N/A Food separated and protected					The	letter to	the left of	each i	tem in	dicates that item's sta	tus at the time	e of the		
IN OUT N/A Food-contact surfaces cleaned & sanitized			d & sanitized			inspection.  IN = in compliance  OUT = not in compliance								
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food						N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
		Good Retail Practices are prev		OOD RETA				ogone cho	micals	and i	physical objects into f	oods		
IN OUT		Safe Food and Wa			R	IN	OUT	ogens, che	inicais		er Use of Utensils	oous.	COS	R
		urized eggs used where require and ice from approved source						-use utensils: properly stored tensils, equipment and linens: properly stored, dried,						
		Food Temperature Control			Single-use/single-service articles: properly stored, used									
		quate equipment for temperature control roved thawing methods used						Gloves u	s used properly					-
		nometers provided and accurate	;						Utensils, Equipment and Vending od and nonfood-contact surfaces cleanable, properly signed, constructed, and used					
		Food Identificatio	n						washing facilities: installed, maintained, used; test					
	Food					Nonfood	ood-contact surfaces clean							
	Insect	Prevention of Food Contamination cts, rodents, and animals not present				Physical Facilities  Hot and cold water available; adequate pressure						+		
	Conta	Contamination prevented during food preparation, storage and display							mbing installed; proper backflow devices					
	Perso finger	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Ū	age and wastewater properly disposed					
		Wiping cloths: properly used and stored Fruits and vegetables washed before use			$\dashv$		Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained				1	1		
	Truits and vegetables washed before use			Physical facilities installed, maintained, and clean										
Person in Ch	narge /T	itle: Oh Oh	_							Date	e:			
Inspector:	pouzho	Drady			Tele	phor	ne No.	PHES		Follo	ow-up: ow-up Date:	Yes		Vo
MO 580-1814 (9-13	) /		DISTRIBUTION: WHITE	- OWNER'S	COPY			CANARY - FIL	E COPY					E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

## FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMENT 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	PRIORIT elimination, prevention or reduc E IMMEDIATE ACTION within	Y ITEMS ction to an acceptable level, haza 172 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items wood receive	E IMMEDIATE ACTION WIGHT	TE HOURS OF AS STATEGY.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE , operational controls, facilities or controls. These items are to be core	ITEMS or structures, equipment design, rected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							PB	
							DB	
		EDITICATION PRO	OVIDED OR COMMENTS					
		EDUCATION PRO	ONDED ON COMMENTS					
Person in Ch	arge /Title: 0 / 2/				Date:			
Inspector:	paylor Brody		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	