

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 SPEWITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULE ESTABLISHMENT NAME: OWNER:						IN CESSATION OF YOUR FOOD OPERAT					PERATIONS.				
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 SUMM			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		TER SUPPLY COMMUNITY			NON-COMMUNITY PRIVATE							
Licens	e No		PRIV						Date	Sam	pled	Results			
Di I ()		ri e e e e e e e e e e e e e e e e e e e	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 (JUT I	N/O N/A Proper ho			oling time and temperatures cholding temperatures d holding temperatures				
IN OUT N/O	С	Proper eating, tasting, drinkin	g or tobacco use						er date	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 Advisory advisory provided for raw or				
IN OUT N/0)	No bare hand contact with rea approved alternate method pr									ighly Susceptible Populations				
IN OUT Adequate handwashing facilities a accessible						IN OUT N/O N/A Pasteuriz offered				l foods used, prohibite	ed foods not				
Approved Source						IN OUT N/A Food addit			1 - 1 : 4 : -	Chemical					
IN OUT Food obtained from approved source NO OUT N/O N/A Food received at proper temperature										ves: approved and pro ances properly identifi		d			
Re		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 ensils, equipment and linens: properly stored, dried,							
		Food Temperature Co	ontrol		Single-				-use/single-service articles: properly stored, used						
		uate equipment for temperature ved thawing methods used				Gloves u			Equipment and Vendir	200		-			
		nometers provided and accurate	;						d nonfo	ood-co	ntact surfaces cleanal				
		Food Identificatio	n						igned, constructed, and used rewashing facilities: installed, maintained, used; test as used						
	Food						Nonfood	od-contact surfaces clean							
	Insect	Prevention of Food Conta s, rodents, and animals not pre-						Hot and	Physical Facilities 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				Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained				1	1				
	1 Tuits	and regetables washed belole	MICS WASHED DEIDLE 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	1	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



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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 reduct F IMMEDIATE ACTION within	/ ITEMS ion to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN	72 hours or as stated.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE I', operational controls, facilities of s). These items are to be corre	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION PRO	VIDED OR COMMENTS					
Person in Ch	narge /Title:				Date:			
Inspector:	Mylor Brady	_	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	