

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 T	HE REG	ULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO			
				OWNER:	I THIS NOTICE MAY RESULT IN CESSATION OF YOUR FO DWNER:					01(100	<u> </u>	PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT N				HMENT	NUMBE	R:	COUNTY:			
CITY/ZIP: PF				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CEN'					DELI GROCERY STORE SUMMER F.P. TAVERN					ιE	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\/ENI	TIONS	Date	- Cuiii	prod recents			
Risk fac	ctors ar	e food n	preparation practices and employ							ease Co	ntrol	and Prevention as contributing factor	ors in		
foodbori	ne illnes		eaks. Public health intervention	ns are control measur	es to pre	event fo	oodbor	ne illne	ss or injury						
Complian			Demonstration of I Person in charge present, dem		COS	S R	1	mpliance		Proper		otentially Hazardous Foods xing, time and temperature	СО	S R	
IN OU	JT		and performs duties	•					N/O N/A	N/A					
IN OL	IT		Employee H Management awareness; police				IN		N/O N/A			eating procedures for hot holding ing time and temperatures		+	
IN OL			Proper use of reporting, restrict	tion and exclusion			IN	IN OUT N/O N/A Proper hot holding			nolding temperatures				
IN OU	JT N/O		Good Hygienic F Proper eating, tasting, drinking			-		OUT	N/A N/O N/A	N/A Proper cold holding temperatures N/A Proper date marking and disposition				_	
	JT N/C		No discharge from eyes, nose and mouth						N/O N/A	Time as a public health control (prod					
			Preventing Contamina									Consumer Advisory			
IN OL	JT N/O			Hands clean and properly washed			IN				Consumer advisory provided for raw or undercooked food				
IN OL	JT N/O		No bare hand contact with ready-to-eat foods or approved alternate method properly followed								Hiç	ghly Susceptible Populations			
IN OL	JT		Adequate handwashing facilities supplied & accessible				IN OUT N/O N/A Pasteu					foods used, prohibited foods not			
IN O			Approved Source				IN OUT					Chemical			
IN OUT IN OUT N/O N/A) N/A	Food obtained from approved source Food received at proper temperature				IN OUT			Toxic s	ood additives: approved and properly used oxic substances properly identified, stored and				
IN OUT			Food in good condition, safe and unadulterated							used Co	nforr	nance with Approved Procedures		_	
IN OUT N/O N/A) N/A	Required records available: shellstock tags, parasite destruction				IN OUT N/A Compli			Compl	iance	with approved Specialized Process	3		
			Protection from Co	ntamination						and m	1001	pian	<u> </u>		
IN OU	IN OUT N/A Food separated and protected						The letter to the left of each ite inspection.				m in	dicates that item's status at the time	of the		
IN OUT N/A Food-contact surfaces clea			Food-contact surfaces cleaned	& sanitized			IN = in compliance OUT =					OUT = not in compliance			
IN OUT N/O		١	Proper disposition of returned, previously served, reconditioned, and unsafe food						= not appl S=Correcte		e	N/O = not observed R=Repeat Item			
			reconditioned, and unsule look		OOD RE	ETAIL I	PRACT					april 10			
	OUT		Good Retail Practices are preven		ontrol the				ogens, ch						
IN	OUT Paste		Safe Food and Wat urized eggs used where required		003	R	IN	OUT	In-use u	Prop e utensils: prope		er Use of Utensils	cos	R	
			and ice from approved source						Utensils handled	sils, equipment and linens: pro led		and linens: properly stored, dried,			
			Food Temperature Co	ntrol			1					vice articles: properly stored, used		+	
			uate equipment for temperature control						Gloves used properly						
			ved thawing methods used nometers provided and accurate			-		Food an			Equipment and Vending ntact surfaces cleanable, properly	-	+		
			•						designed, constructed, and used			d, and used			
			Food Identification						strips us	sed		s: installed, maintained, used; test			
		Food properly labeled; original Prevention of Foo					-		Nonfood	od-contact surfaces clean Physical Facilities				+	
			s, rodents, and animals not pres	ent						Hot and cold water a		vailable; adequate pressure		土	
	Contamination prevented during food pre and display		oreparation, storage					Plumbin	nbing installed; proper backflow devices						
		Perso	al cleanliness: clean outer clothing, hair restraint,						Sewage	and was	stewa	ater properly disposed		1	
Wiping clot			nails and jewelry g cloths: properly used and store						Toilet fa	cilities: p	rope	rly constructed, supplied, cleaned			
			and vegetables washed before use						Garbage	e/refuse	prope	erly disposed; facilities maintained		1	
Persor	in Ch	arge /T	۱۲ ۸ ۸۸	001		l	1	j	Priysica	racilities	Dat	alled, maintained, and clean e:	1		
			ille Joseph &	1800					.						
Inspec	tor:		<u> </u>			Те	lepho	ne No.	PHE	S No.		ow-up: Yes ow-up Date:	ı	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	ION	TEMP. in ° F		
Code		PRIORITY	ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction 'E IMMEDIATE ACTION within 7	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
							. (
						5	H	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE IT , operational controls, facilities or es). These items are to be corre	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							. 1	
						\mathcal{T}	+	
		E2.12.17.21.2	#DED OF 201#					
		EDUCATION PRO\	/IDED OR COMMENTS					
Person in Ch	narge /Title:	1000			Date:			
Inspector		,	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	