

## 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 INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	FING BY T	THE REGUL	CILITIES WHICH MUST BE CORRE ATORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE M ESTABLISHMENT NAME: OWNER:			AY RESUL	IN CESSATION OF YOUR FOOD C				PERSON IN CHARGE:			
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBER:	COUNTY:			
CITY/ZIP:	CITY/ZIP: PHONE:			FAX:				P.H. PRIORITY : H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIO		.I IMER F.P.		GROCE	RY STOR		INSTITUTION MOBILE V EMP.FOOD	ENDOR	S	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disapproved Not Applicable PUBLIC			C					DMMUNITY PRIVATE ampled Results			
License No		RISK FAC		) INTE	RVENT	TIONS					
	preparation practices and employ eaks. <b>Public health interventio</b>							ol and Prevention as contributing fact	ors in		
Compliance	Demonstration of I				mpliance			Potentially Hazardous Foods	COS	S R	
IN OUT	Person in charge present, den and performs duties	harge present, demonstrates knowledge,		Proper co	per cooking, time and temperature						
	Employee H			IN (		N/O N/A	Proper re				
IN OUT IN OUT	Management awareness; polic Proper use of reporting, restrict			IN (		<u>N/O N/A</u>		oling time and temperatures t holding temperatures			
	Good Hygienic F	Practices						Id holding temperatures			
IN OUT N/O				OUT	<u>N/O N/A</u>		te marking and disposition public health control (procedures /				
IN OUT N/O				IN	N TUO	N/O N/A	records)		_		
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed			IN	N OUT N/A Consumer undercook			Consumer Advisory r advisory provided for raw or ked food			
IN OUT N/O	IN OUT N/O No bare hand contact with ready-to- approved alternate method properly				Highly Susceptible Populations						
IN OUT	OUT Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A Pasteurize offered				ed foods used, prohibited foods not			
IN OUT	Approved Source IN OUT Food obtained from approved source			IN OUT N/A Food add			Eood addi	Chemical itives: approved and properly used	_		
IN OUT N/O N/A Food obtained from approved source						N/A	Toxic subs	ostances properly identified, stored and			
IN OUT				used			used Confo	rmance with Approved Procedures	-		
IN OUT N/O N/A	Required records available, shellstock tags, parasite			IN OUT N/A Compliance and HACC		Compliand	ce with approved Specialized Process				
	Protection from Co	ntamination									
IN OUT N/A	A Food separated and protected			The letter to the left of each item indicates that item's status at the time of the							
IN OUT N/A	Food-contact surfaces cleaned			nsp	inspection. IN = in compliance N/A = not applicable OUT = not in compliance N/O = not observed						
IN OUT N/O	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										
	Cood Datail Drastiana are prove		OD RETAIL				omicala on	d physical chiests into foods			
IN OUT	Good Retail Practices are preve Safe Food and Wat		COS R	IN	OUT	logens, ch		oper Use of Utensils	COS	R	
Paste	eurized eggs used where required						tensils: prop	perly stored			
Wate	Water and ice from approved source					Utensils handled	, equipment				
	Food Temperature Control			_				ervice articles: properly stored, used			
	Adequate equipment for temperature control					Gloves	used proper				
	oved thawing methods used nometers provided and accurate					Food an		, Equipment and Vending contact surfaces cleanable, properly			
	·					designe	d, construct	ed, and used			
	Food Identification					Warewa strips us		ies: installed, maintained, used; test			
Food properly labeled; original container							d-contact su				
Prevention of Food Contamination Insects, rodents, and animals not present				_		Hot and		Physical Facilities available; adequate pressure	-		
Contamination prevented during food preparation, storage			1				proper backflow devices				
and display Personal cleanliness: clean outer clothing, hair restraint,			+		Sewage	and wastev	water properly disposed	+			
fingernails and jewelry Wiping cloths: properly used and stored				-		Toilet fo	cilities: prop	perly constructed supplied cleaned			
Fruits and vegetables washed before use							et facilities: properly constructed, supplied, cleaned bage/refuse properly disposed; facilities maintained				
							hysical facilities installed, maintained, and clean				
Person in Charge /							Da	ate:			
Inspector:	naula Binau		T	elepho	ne No.	EPH		ollow-up: Yes ollow-up Date:	١	No	
MO 580-1814 (9-13)	11	DISTRIBUTION: WHITE -	- OWNER'S COF	Ϋ́		CANARY - F				E6.37	



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

FOOD ESTABLISHMENT INSPECTION REPORT					PAGE <sup>2</sup> of	AGE <sup>2</sup> of		
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION				n ° F	
Code		PRIORITY I	TEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	to an acceptable level, hazards hours or as stated.	s associated with	foodborne illness	(date)	mua	
							B	
							NR	
							(J)	
							B	
							,	
Code Reference	Core items relate to general sanitatior	CORE ITE	MS			Correct by (date)	Initial	
Telefence	standard operating procedures (SSOF	Ps). These items are to be correct	ted by the next regular inspec	ction or as state	d.	(date)	00	
							(B	
							(JB	
							00	
							(JB	
		EDUCATION PROVI	DED OR COMMENTS					
Person in Ch	narge /Title:			Dat	te:			
Inspector:	Man Bundin	~	Telephone No.	EPHS No. Fol	low-up:	Yes	No	
MO 580-1814 (9-13)	- jwoper cruning	DISTRIBUTION: WHITE - OWNER'S COP		Fol	low-up Date:		E6.37A	



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

F	OOD ESTABLISHMENT IN	SPECTION REPORT			PAGE <sup>3</sup> of		
ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	CT/ LOCATION		TEMP. ir	۱°F	
Code		PRIORITY IT	EMS	_		Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECE!	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazard hours or as stated.	s associated	with foodborne illness	(date)	minai
							B
							/
Code Reference		CORE ITE			· · · · · · · · · · · · · · · · · · ·	Correct by	Initial
Relefence	Core items relate to general sanitation standard operating procedures (SSO)	Ps). These items are to be correct	red by the next regular inspec	ction or as st	ated.	(date)	
EDUCATION PROVIDED OR COMMENTS							
Descard C					Data		
Person in Ch	Am				Date:		
Inspector:	janla Dindij				Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE COP	Υ Y			E6.37A