

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	ROUTI	INE IN	SPE	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PEI	RIOD OF TIME AS N	MAY BE	SPEC	IFIED I	N WRI	TING BY 1	THE REGULA	ATORY AUTHORITY. F			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED I ESTABLISHMENT NAME:					OWNER:						PERSON IN CHARGE:				
ADDRESS:									ABLIS	HMENT	NUMBER:	COUNTY:			
CITY	(/ZIP:				PHONE:			FAX:				P.H. PRIORITY :	Н	М	L
	ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR C											NSTITUTION MOBILE VENDORS EMP.FOOD			ŝ
PURF	POSE Pre-op	pening	9	Routine Follow-up	Complaint	Oth	ner								
	FROZEN DESSERT S Approved Disapproved Not Applicable License No				PUBL					NON-COMMUNITY PRIVATE Date Sampled Results					
	LICE	inse iv	NU		RISK FAC		S AND	INTE	RVEN	TIONS					
				preparation practices and employe								and Prevention as con	tributing fact	ors in	
	oorne III liance	Iness	outbre	eaks. Public health interventions Demonstration of Kr		es to pre			ne Illne mpliance	, ,		Potentially Hazardous Fo	oods	CO	S R
<u> </u>	IN OUT			Person in charge present, demo and performs duties	0			-		N/O N/A	Draner eaclying, time, and temperature				
				Employee Hea				IN (N/O N/A					
	OUT OUT			Management awareness; policy Proper use of reporting, restriction								oling time and temperatures t holding temperatures			
	Good Hygienic			Good Hygienic Pr	actices			IN OUT N/A			Proper cold holding temperatures				
	ALC . P.			Proper eating, tasting, drinking on No discharge from eyes, nose a						N/O N/A	 Proper date marking and disposition Time as a public health control (procedures) 				
IN	OUT	N/O						IN	OUT	N/O N/A	records)				
IN	OUT I	N/O		Preventing Contamination by Hands Hands clean and properly washed				IN				Consumer Advisory advisory provided for raw or			
	OUT I			No bare hand contact with ready-to-eat foods or				undercook				ed food ghly Susceptible Populations			
IN	IN OUT			approved alternate method properly followed Adequate handwashing facilities supplied &								ed foods used, prohibited foods not			
				accessible Approved Sou	rce						offered	Chemical			
IN	OUT			Food obtained from approved so	urce			IN	OUT	N/A		ives: approved and prop			
	OUT	N/O	N/A	Food received at proper tempera				IN	OUT		used	tances properly identifie		d	
		NIC	N1/A	Food in good condition, safe and Required records available: she				INI	OUT	N/A		mance with Approved F e with approved Specia		s	
	OUT	N/O	N/A	destruction Protection from Cont	amination	-		IIN	001	N/A	and HACC	P plan			
IN	IN OUT N/A		N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the time of							
IN			N/A	Food-contact surfaces cleaned & sanitized				IN = in compliance OUT = not in compliance					nce		
IN				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								
				reconditioned, and unsale lood		OOD RE	ETAIL	PRACT		00110010		it report tom			
				Good Retail Practices are preven						ogens, ch			ods.		
IN	OU.		Pasto	Safe Food and Water		COS	R	IN OUT Proper Use of Utensils In-use utensils: properly stored				COS	R		
		Pasteurized eggs used where required Water and ice from approved source				1			Utensils, equipment		and linens: properly stor	red, dried,	1	1	
	_	_	_	Food Temperature Cont	rol					handled		vice articles: properly s	tored used		
			Adequ	ate equipment for temperature con							used properly		loreu, useu		-
		Approved thawing methods used									Utensils, Equipment and Vending				_
	Thermometers provided and accurate						Food and nonfood designed, constru				contact surfaces cleanable, properly				
				Food Identification							ashing facilitie	ies: installed, maintained, used; test			
		Food properly labeled; original container Prevention of Food Contamii Insects, rodents, and animals not presen							Nonfoc		od-contact surfaces clean				
	_								\rightarrow	Physical Facilities Hot and cold water available; adequate pressure					
	Conta and di Perso			mination prevented during food preparation, storage			1				lumbing installed; proper backflow devices				1
\vdash				nal cleanliness: clean outer clothing, hair restraint,				Sewage and wastewater properly disposed					+		
	Tingeri Wiping			nails and jewelry g cloths: properly used and stored			1	1		Toilet facilities: properly constructed, supplied, cleaned			ed, cleaned	+	+
				and vegetables washed before us	e					Garbage/refuse properly dispose		erly disposed; facilities	maintained	1	1
Dorr	son in	Char	T, an				1	<u> </u>		Physica	I facilities inst	talled, maintained, and	ciean		
			-	1 min bla	var-			elepho		EDU		le. low-up:	Yes		No
	ector:	>	l.L.	nu Honaas				•			Fol	low-up: low-up Date:	169		
MO 58	80-1814 (9	/ -13)		1	DISTRIBUTION: WHITE	= – OWNEF	KS COP	Ŷ		CANARY - F	ILE COPY				E6.37



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	PAGE ² of	of						
ESTABLISHMEN	T NAME	ADDRESS	CITY/ZIP	Y /ZIP				
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	T/ LOCATI	ON	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY IT elimination, prevention or reduction VE IMMEDIATE ACTION within 72	EMS to an acceptable level, hazard hours or as stated.	s associated	with foodborne illness	Correct by (date)	Initial	
							K H	
							K H	
							K H	
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	CORE ITE n, operational controls, facilities or st Ps). These items are to be correct	ructures, equipment design, ge	eneral mainte ction or as s	nance or sanitation tated.	Correct by (date)	Initial	
							K	
							K H	
		EDUCATION PROVI	DED OR COMMENTS				1	
Person in Charge /Title: Date:								
Inspector:	Follow-up: Follow-up Date:	Yes	No					
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