

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 PER	RIOD OF TIME AS MA	AY BE SPE	CIFIED	N WRIT	ING BY T	HE REGL	ACILITIES WHICH MUST BE CORRECT JLATORY AUTHORITY. FAILURE TO		
ESTABLISHMENT N	OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OWNER:			N OF YOU	PERSON IN CHARGE:				
ADDRESS:		EST	ABLISH	IMENT	NUMBEF	COUNTY:				
CITY/ZIP:	PHONE:	PHONE:					P.H. PRIORITY : H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l MER F.P.		GROCE	RY STOR	E	INSTITUTION MOBILE V TEMP.FOOD	ENDOR	S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other							
FROZEN DESSERT Approved Disa	PUBLIC	EWAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY PRIVATE				NON-COMMUNITY PRIVATE Date Sampled Results _				
		RISK FACT		D INTE	RVENT	IONS				
Risk factors are food p	preparation practices and employe	e behaviors most com	monly repo	orted to th	ne Cente	ers for Dis	ease Con	trol and Prevention as contributing facto	rs in	
Compliance	eaks. Public health interventions Demonstration of Kn				ne Illnes mpliance	s or injury	/.	Potentially Hazardous Foods	CO	S R
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN	OUT N	I/O N/A	Proper of	cooking, time and temperature		
IN1	Employee Hea			IN		I/O N/A		reheating procedures for hot holding		
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction			IN IN				cooling time and temperatures		
IN OUT N/O	Good Hygienic Pra	actices		IN	OUT	N/A Proper co		cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose a				<u>OUT N</u>	<u>1/0 N/A</u> 1/0 N/A		date marking and disposition a public health control (procedures /		
	Preventing Contamination	on by Hands		IIN		I/U N/A	records)	Consumer Advisory	-	
IN OUT N/O	Llanda alaan and properly weeked			IN	OUT	N/A		her advisory provided for raw or oked food		
IN OUT N/O No bare hand contact with ready-t approved alternate method proper								Highly Susceptible Populations		
IN OUT				IN			Pasteuri offered	rized foods used, prohibited foods not		
	Approved Sou							Chemical		
IN OUT	Food obtained from approved sour				T			Iditives: approved and properly used ubstances properly identified, stored and		
IN OUT N/O N/A				IN			used			
IN OUT	Food in good condition, safe and Required records available: shel			151	IN OUT N/A			formance with Approved Procedures ince with approved Specialized Process		
IN OUT N/O N/A	destruction Protection from Contamination				and		and HAC	nd HACCP plan		
IN OUT N/A	Food separated and protected			The	letter to	the left of	f each iten	n indicates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized			IN = in compliance OUT = not in compliance						
IN OUT N/O Proper disposition of returned, previously se				N/A = not applicable COS=Corrected On Site				N/O = not observed R=Repeat Item		
	reconditioned, and unsafe food		OD RETAI	L PRACI		-correcte		R=Repeat item		
	Good Retail Practices are prevent					ogens, ch	emicals, a	ind physical objects into foods.		
IN OUT	Safe Food and Water		COS R	IN	OUT			Proper Use of Utensils operly stored	COS	R
	Pasteurized eggs used where required Water and ice from approved source				Utensi		, equipme	nt and linens: properly stored, dried,		1
	Food Temperature Contro			_	handled			d use/single-service articles: properly stored, used		
Adequate equipment for temperature control							used prope	erly		
Approved thawing methods used Thermometers provided and accurate								Is, Equipment and Vending		
memometers provided and accurate						designe	lesigned, constructed, and used			
					strips us	rewashing facilities: installed, maintained, used; test os used				
Food	nation		_		Nonfood	nfood-contact surfaces clean Physical Facilities				
Insect					Hot and	cold wate	r available; adequate pressure			
Conta	eparation, storage	I					l; proper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint, fingemails and lewelny				1		Sewage	and wast	ewater properly disposed		
fingernails and jewelry Wiping cloths: properly used and stored							pilet facilities: properly constructed, supplied, cleaned			
Fruits and vegetables washed before use						Garbage/refuse properly disposed; facilities maintained				
Person in Charge /T		7				Physical		installed, maintained, and clean Date:	1	1
Inspector:	Mund Plan	<u>_</u>	ר	Felepho	ne No.	EPH		Follow-up: Yes		No
MO 580-1814 (9-13)	mit Til	DISTRIBUTION: WHITE -	OWNER'S CO)PY	ſ	CANARY – FI		Follow-up Date:		E6.37



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F	DOD ESTABLISHMENT IN		PAGE ² of				
ESTABLISHMEN	ΓNAME	ADDRESS		CITY /ZIF	D		
FOOD PRODUCT/LOCATION		TEMP. in ° F	CT/ LOCAT	ION	TEMP. in ° F		
Code		PRIÕRITY I	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an acceptable level, hazar hours or as stated.	rds associate	d with foodborne illness	(date)	initia
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or s	MS tructures, equipment design, g	general maint	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOF	Js). These items are to be corrected by the corrected	ted by the next regular insp	ection or as	stated.		
			DED OR COMMENTS				
	<u>+ ;</u>						
Person in Ch	arge /Title:	Igne			Date:		
Inspector:	Mulmin F Line	1	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	PY CANARY – FILE CO	OPY			E6.37A