

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	DUTINE	INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	HE RE	GULA	ILITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO DEPATIONS		
				OWNER:	N THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOO OWNER:					<i>I</i> D 01	PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT NUI				NUMBI	ER:	COUNTY:			
CITY/ZIP: PH				PHONE:	PHONE: FA			FAX:				P.H. PRIORITY: H	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CEN										!E	E INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPOS Pr	SE re-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	ZIONS	Date	Oun	Treduite		
Risk far	ctors ar	e food n	renaration practices and employ							ease Co	ntrol	and Prevention as contributing fact	ors in	
foodbor	ne illnes		eaks. Public health intervention	ns are control measur	es to pre	event f	oodbor	ne illne	ss or injury					
Complian	nce		Demonstration of Person in charge present, dem		COS	S R	1	mpliance		Prope		otentially Hazardous Foods king, time and temperature	CC	S R
IN OL	JT		and performs duties	•				N OUT N/O N/A						
IN OL	IT		Employee He Management awareness; police			-	_		N/O N/A			eating procedures for hot holding ling time and temperatures		
IN OL			Proper use of reporting, restric	tion and exclusion								holding temperatures		
IN OL	JT N/O		Good Hygienic F Proper eating, tasting, drinking			_		OUT	N/A					
	JT N/C		No discharge from eyes, nose			-			N/O N/A N/O N/A			public health control (procedures /		
110 00	J1 14/C		Preventing Contamina	tion by Hands		-	IIN	001	IN/O IN/A	record	s)	Consumer Advisory		
IN OL	JT N/O		Hands clean and properly was									advisory provided for raw or		
IN OL	JT N/C		No bare hand contact with read						undercooked food Highly Susceptible Populations					
IN OUT			approved alternate method properly followed Adequate handwashing facilities supplied &									d foods used, prohibited foods not		
	accessible		Approved Sc	Source					offered Chemical					
IN OL	IN OUT		Food obtained from approved source				IN OUT N/A IN OUT					ves: approved and properly used		
IN OL	IN OUT N/O N/A		Food received at proper temperature							Toxic substances properly identified, stored and used				
IN OUT			Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite									mance with Approved Procedures		
IN OL	IN OUT N/O N/A		destruction				IN OUT N/		N/A	Compliance with approved Specialized Proces and HACCP plan			S	
			Protection from Co					1.111		.		Parts that the observe of the control of the contro		
IN OUT N/A Food separated and protected						The letter to the left of each ite inspection.				em in	dicates that item's status at the tim	e of the		
IN OOT IN/A		Food-contact surfaces cleaned				IN = in compliance N/A = not applicable					OUT = not in compliance			
IN O			Proper disposition of returned, previously served, reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item					N/O = not observed R=Repeat Item		
					OOD RE	TAIL	PRACT	TICES						
IN.	OUT		Good Retail Practices are preve		ontrol the	e intro	_	of path	nogens, ch	emicals			COS	
IN	OUT Paste		Safe Food and Wate urized eggs used where required		003	1	IN	001	In-use u	e utensils: prop		per Use of Utensils erly stored	005	R
		Water	and ice from approved source							sils, equipment and linens: properly stored, dried, ed e-use/single-service articles: properly stored, use		and linens: properly stored, dried,		
			Food Temperature Co	ntrol			+		handled Single-u			vice articles: properly stored, used	+	
			ate equipment for temperature of							ves used properly		,		
			ved thawing methods used nometers provided and accurate				-	Food and nonfood-contact surfaces cle		Equipment and Vending	-	+		
			•						designe	d, const	ructe	d, and used		
			Food Identification						Warewa strips us		cilitie	s: installed, maintained, used; test		
		Food	properly labeled; original contain	operly labeled; original container Prevention of Food Contamination			_		Nonfood	od-contact surfaces clean Physical Facilities		-		
		Insect	s, rodents, and animals not pres					L			ter av	vailable; adequate pressure		L
	Contamination prevented during food p and display		preparation, storage						mbing installed; proper backflow devices					
		Perso	nal cleanliness: clean outer clothing, hair restraint,				Ī		Sewage	and wa	stewa	ater properly disposed		
			nails and jewelry g cloths: properly used and stored				1	<u> </u>	Toilet fa	cilities:	orope	rly constructed, supplied, cleaned	1	
			and vegetables washed before u						Garbage	e/refuse	prope	erly disposed; facilities maintained		
Persor	n in Ch	arge /T	itle:			<u>i</u>	1	<u> </u>	Physica	ı tacilitie	s inst Dat	alled, maintained, and clean	1	
			avan Hic	<i>0 Y</i>							_bat	<u> </u>		
Inspec	tor: Juy	A Mu	dy Kathys Roant			Те	lepho	ne No.	PHE	S No.		ow-up: Yes ow-up Date:		No



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ESTABLISHMEN	TNAME	ADDRESS		CITY/ZII	D		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	TION	TEMP. i	n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIN	PRIORITY elimination, prevention or reduction /E IMMEDIATE ACTION within 7	ITEMS on to an acceptable level, hazar 2 hours or as stated.	ds associate	d with foodborne illness	Correct by (date)	Initial
							ች H
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT n, operational controls, facilities or Ps). These items are to be corre	structures, equipment design, g	general maint	enance or sanitation stated.	Correct by (date)	Initial
	-						ŢI
							ŢI
							7 I
		EDUCATION PRO\	/IDED OR COMMENTS				
Person in Ch	arge /Title: Juan	TY.COY			Date:		
Inspector:	arge /Title: Zvan = = = = = = = = = = = = = = = = = = =	DISTRIBUTION: WHITE _ OWNER'S CO	'	PHES No.	Follow-up: Follow-up Date:	Yes	No