

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	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY 1	THE REGI	JLATORY AUTHORITY. FAILU				
ESTABLISHMENT N		CTIONS SPECIFIED IN THIS NOTICE MAY RESULT OWNER:			3341101	NOI TO	OK TOOL		PERSON IN CHARGE:			
ADDRESS:				ESTABLISHMENT NUMBER:			NUMBE	R: COUNTY:	COUNTY:			
CITY/ZIP:		PHONE:		FAX	FAX: P.H. PRIORITY: H			H M	Л	L		
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOR		I MER F.P.		GROCEF AVERN	RY STOR	ŀΕ	INSTITUTION MO TEMP.FOOD	OBILE VEN	NDORS	3	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
Approved Dis	Approved Disapproved Not Applicable PUBLIC			ATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results								
License No		RISK FACT		INTE	RVENT	IONS		·				
	preparation practices and employ							trol and Prevention as contribute	ting factors	in		
foodborne illness outbr Compliance	eaks. Public health intervention Demonstration of h				ne illnes mpliance	s or injury	/. 	Potentially Hazardous Foods		COS	R	
IN OUT	Person in charge present, dem			IN	OUT N	I/O N/A	Proper of	cooking, time and temperature				
	and performs duties Employee He	ealth		IN (OUT N	I/O N/A	Proper	reheating procedures for hot ho	olding			
IN OUT	Management awareness; policing Proper use of reporting, restriction			IN (I/O N/A		cooling time and temperatures not holding temperatures				
IN OUT	Good Hygienic F				OUT N	N/A N/A		cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose			IN	1 TUO	N/O N/A		date marking and disposition a public health control (proced	uroe /			
IN OUT N/O	5			IN	OUT N	N/O N/A	records)				
IN OUT N/O	Preventing Contamina Hands clean and properly was			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or ooked food	•			
IN OUT N/O	No bare hand contact with read						undered	Highly Susceptible Population	s			
IN OUT	approved alternate method pro Adequate handwashing facilitie			IN	OUT N	I/O N/A		ized foods used, prohibited foo	ds not			
	accessible Approved So	urce		+	-		offered	Chemical				
IN OUT	Food obtained from approved s			IN	OUT	N/A		Iditives: approved and properly				
IN OUT N/O N/A	N/A Food received at proper temperature			IN	IN OUT I OXIC SUB used		ibstances properly identified, st	stances properly identified, stored and				
IN OUT	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite						Conformance with Approved Procedures					
IN OUT N/O N/A	destruction			IN OUT N/A		Compliance with approved Specialized Proces and HACCP plan						
IN OUT N/A	Protection from Cor Food separated and protected	ntamination		The	letter to	the left o	f each iter	m indicates that item's status at	the time o	f the		
Food contest surfaces alonged 0, continued				The letter to the left of each item indicates that item's status at the time of the inspection.								
Proper disposition of returned, previously served				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O	IN OUT N/O reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item											
	Good Retail Practices are preve		OD RETAIL			ngens ch	emicals a	and physical phiects into foods				
IN OUT	Safe Food and Water		COS R	IN	OUT	ogens, en		Proper Use of Utensils		COS	R	
	urized eggs used where required rand ice from approved source							operly stored ent and linens: properly stored,	dria d			
vvater	and ice from approved source					handled		int and linens, property stored, t	uneu,			
Adequ	Food Temperature Cou uate equipment for temperature of			-			se/single- used prop	service articles: properly stored	d, used			
	oved thawing methods used	Ontrol				Cloves		ls, Equipment and Vending				
Thern	nometers provided and accurate							d-contact surfaces cleanable, pr	roperly			
	Food Identification			1	designed, constructed, and used Warewashing facilities: installed, ma				ed; test			
Food properly labeled; original container					strips used Nonfood-contact surfaces clean							
	Prevention of Food Contar	Prevention of Food Contamination			Physical Facilities							
	ts, rodents, and animals not presented during food prevented during food food prevented during food during food during food during food during food during			-				er available; adequate pressure				
and d	isplay	,		1	Plumbing installed; proper backflow devices							
	onal cleanliness: clean outer cloth mails and jewelry	ing, hair restraint,		1	Sewage and wastewater properly disposed							
Wipin	g cloths: properly used and store				Toilet facilities: properly construc							
Fruits	and vegetables washed before u	ise		+				roperly disposed; facilities main installed, maintained, and clear				
Person in Charge /T	Title: 4/M//		ı	п		., 5.54		Date:	1		<u> </u>	
Inspector:	And Make		Te	elepho	ne No.	PHE		Follow-up: Ye	es	N	О	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COP	Υ	(CANARY – F		Follow-up Date:			E6.37	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	FOOD PRODUCT/ LOCATION			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 of reduction of the contraction of the contract of the co	n to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general conitation	CORE ITI	EMS	goneral maint	ononce or conitation	Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	cs). These items are to be correct	cted by the next regular ins	pection or as	stated.	(date)		
		EDUCATION PROV	IDED OR COMMENTS					
	_							
Person in Ch	arge /Title: A.M.	2			Date:			
Inspector:	Dans Muse	7	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	
	18 - 7 W V W 184/		I		i ollow-up Date.			