

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE ESTABLISHMENT NAME: OWNER:														
ADDRESS:						ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP:			PHONE:			FAX					P.H. PRIORITY :	Н	М	L
			ELI MMER I	F P				MOBILE	VENDOF	RS				
PURPOSE Pre-open		Routine Follow-up			ner						VII .1 00B			
FROZEN DE Approved		approved Not Applicable	SEWAGE DISPOS				UPPLY		NON-	COM	MUNITY	PRIVAT		
License No PRIV				ATE		Date					oled		s	
		•	RISK FAC	CTORS	AND	INTE	RVENT	TIONS						
		preparation practices and emplo eaks. Public health interventic								ontrol a	and Prevention as con	tributing fac	ctors in	
Compliance		Demonstration of		COS	S R	. Steritary Hazardeas Feede						CC	OS R	
IN OUT Person in charge present, demons and performs duties			, , , , , , , , , , , , , , , , , , ,					N/O N/A			ing, time and temperat			
IN OUT		Employee F Management awareness; poli						N/O N/A			ating procedures for h		-	
IN OUT		Proper use of reporting, restrict				_		N/O N/A	, , , , , , , , , , , , , , , , , , ,					
IN OUT N/C	,	Good Hygienic Proper eating, tasting, drinking					OUT	N/A			d holding temperatures			
IN OUT N/O		No discharge from eyes, nose						N/O N/A	I/O N/A Proper date marking and disposition /O N/A Time as a public health control (procedures records)					
		Preventing Contamin									Consumer Advisory			
IN OUT N/C)	Hands clean and properly was				IN	OUT	N/A Consumer advisory provided for raw or undercooked food						
IN OUT N/O)	No bare hand contact with rea approved alternate method pr	operly followed					Hi			hly Susceptible Popula			
IN OUT Adequate handwashing facilities supplied & accessible			es supplied &			IN (1 TUC	N/O N/A Pasteurized offered			foods used, prohibited	foods not		
Approved Source						INI	OUT	Chemical						
IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature							OUT	N/A Food additives: approved and properly used Toxic substances properly identified, stored a			ind			
IN OUT Food in good condition, safe and unadulterat			and unadulterated			1	used Conformance with Approved Procedu			rocedures				
IN OUT N/O N/A Required records available: shellstock tage destruction			nellstock tags, parasite			IN	OUT N/A Compliance with approved Specialized Proce and HACCP plan			ss				
Protection from Contamination														
IN OUT N/A Food separated and protected						The letter to the left of each item indicates that item's status at the time inspection.					ne of the			
IN OUT N/A Food-contact surfaces cleaned & sanitized Proper disposition of returned, previously served,					_	N/A	= in compliance OUT = not in compliance A = not applicable N/O = not observed							
IN OUT N/O)	reconditioned, and unsafe foo	d	00D DI	-TAIL F			=Correcte	ed On Sit	te	R=Repeat Item			
		Good Retail Practices are preven		OOD RE				ogens ch	emicals	and r	hysical objects into fo	ods		
IN OUT Safe Food and Water				COS	R	IN	OUT				oper Use of Utensils		COS	R
		urized eggs used where require and ice from approved source	d					In-use u	utensils: properly stored ils, equipment and linens: properly stored, dried,					
water								handled	ed					
	Adogs	Food Temperature Control dequate equipment for temperature control							ise/single used pro		ice articles: properly s	tored, used	<u>i</u>	
		ved thawing methods used	CONTROL			1		Cioves			quipment and Vending]		
	Therm	nometers provided and accurate							Food and nonfood-contact surfaces cleanable, properly				,	
		Food Identification	n					Warewa	designed, constructed, and used Warewashing facilities: installed, maintained, used; test strips used				i	
	Food	properly labeled; original container					Nonfood-contact surfaces clean							
		Prevention of Food Conta						11.1			ysical Facilities			
	Conta	s, rodents, and animals not pres mination prevented during food							Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices					
	Perso	isplay anal cleanliness: clean outer clothing, hair restraint, nails and jewelry						Sewage	ge and wastewater properly disposed					
	Wiping	ng cloths: properly used and stored						Toilet facilities: properly constructed, supplied, cleaned						
	Fruits	and vegetables washed before	use								rly disposed; facilities		\perp	
Person in Ch	arge /T	itle: 🖘 🥠 /	++-			1		rnysica	i iacilities	s insta Date	illed, maintained, and e	utall		
		itle: mailed repor	t to owner.		I=-		. ,		<u> </u>					
Inspector:	X Lew	22 IV lackay					ne No.		S No.		ow-up: ow-up Date:	Yes		No
MO 580-1814 (9-13)	_7	~ 	DISTRIBUTION: WHITE	- OWNER	R'S COPY	,		CANARY - FI	ILE COPY					E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY I elimination, prevention or reductio /F IMMEDIATE ACTION within 73	n to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN 72	nours or as stated.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITI n, operational controls, facilities or s Ps). These items are to be correct	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			IDED OR COMMENTS					
Person in Ch	parge /Title: mailed repo	ert to owner.			Date:			
Inspector:	narge /Title: mailed repo		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	