

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

| TIME IN | TIME OUT | | | | |
|---------|-----------|--|--|--|--|
| DATE | PAGE 1 of | | | | |

| | | CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF | | | | | | | | | | FAILURE TO | COMP | LY | |
|--|---|---|-------------------|---|--|---|---------|-------------------------------------|---|---------------------------|---|----------------|----------|----------|----------|
| | H ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESU STABLISHMENT NAME: OWNER: | | | | TIN CLOSATION OF TOUR TOUD O | | | | 32 0. | PERSON IN CHARGE: | | | | | |
| ADDRESS: | | | | E | ESTABLISHMENT NUMBER | | | ER: | COUNTY: | | | | | | |
| CITY/ZIP: | EITY/ZIP: PHONE: | | | | F | FAX: | | | | P.H. PRIORITY : | Н | М | L | | |
| ESTABLISHMENT BAKERY | TYPE | C. STORE CATER | RER DEI | 1 | • | GI | ROCEI | RY STOR | F | IN | STITUTION | MOBILE \ | /ENDO | RS | |
| RESTAUF | RANT | | | MER F.P. | | | VERN | | | | MP.FOOD | WODILL | LINDO | 110 | |
| PURPOSE Pre-openi | na | Routine Follow-up | Complaint | Other | | | | | | | | | | | |
| | | | • | | | | | , | | | | | | | |
| FROZEN DESSERT Approved Disapproved Not Applicable SEWAGE DISPOS PUBLI | | | | | TER SUPPLY COMMUNITY NON-COM | | | | | IMUNITY pled | PRIVATE Results | | | | |
| License | No | | PRIVA | | | | | | Date | Saiii | pieu | Results | | | - |
| | | | RISK FAC | TORS A | ND IN | NTER | VENT | IONS | | | | | | | |
| | | oreparation practices and emplo eaks. Public health intervention | | | | | | | | ontrol | and Prevention as con | tributing fact | ors in | | |
| Compliance | is outbre | Demonstration of | | COS | R | | pliance | is or injury | | Po | otentially Hazardous Fo | oods | C | OS | R |
| IN OUT | | Person in charge present, der | | | Ι. | INI O | IIT N | I/O N/A | Prope | | king, time and tempera | | | | |
| IN OUT | | and performs duties | I IAI- | | | | | | D | | | -4 h-1 di | | | |
| IN OUT | | Employee F Management awareness; police | | | | IN O | | I/O N/A | | | eating procedures for h ing time and temperatu | | | | \vdash |
| IN OUT | | Proper use of reporting, restrict | | | | | | V/O N/A | | | nolding temperatures | 1163 | | | |
| | | Good Hygienic | Practices | | | | UT | N/A | | | holding temperatures | | | | |
| IN OUT N/O | | Proper eating, tasting, drinking | | | | IN C | 1 TU | N/O N/A | | | marking and disposition | | | | |
| IN OUT N/C |) | No discharge from eyes, nose | and mouth | | | IN O | UT N | N/O N/A | Time | | ublic health control (pr | ocedures / | | | l |
| | | Preventing Contamina | | | | | | | 100010 | <u> </u> | Consumer Advisory | ' | | | |
| IN OUT N/O | | Hands clean and properly was | shed | | | IN C | UT | | | | r advisory provided for raw or | | | | |
| IN OUT N/O | No bare hand contact with ready-t | | | | | | | under | undercooked food Highly Susceptible Populations | | ations | | | | |
| approved alternate method prope IN OUT Adequate handwashing facilities s | | | | Η, | | | | ed foods used, prohibited foods not | | | | | | | |
| | | accessible Approved S | OUICO | | H | offered | | | :d | Chemical | | | | \vdash | |
| IN OUT | | Food obtained from approved | | | | IN OUT N/A Food ad | | additiv | tives: approved and properly used | | | | <u> </u> | | |
| IN OUT N/O |) N/A | Food received at proper temp | | | | IN OUT Toxic su | | subst | ances properly identifie | ed, stored an | d | | | | |
| IN OUT | | | and unadulterated | | | used | | onforn | nance with Approved F | Procedures | | | \vdash | | |
| IN OUT N/C | Required records available: shellstock tags, parasite | | | | IN OUT N/A Complian | | liance | with approved Specia | | s | | | | | |
| 114 001 14/0 | 7 14// (| destruction Protection from Co | ntamination | | | and HACCP plan | | | | | | | | Щ | |
| IN OUT | Food consisted and protected | | | | | The letter to the left of each item indicates that item's status at the time of the | | | | | | | e of the | | |
| IN OUT N/A Food-contact surfaces cleaned & sanitized | | | | | inspection. IN = in compliance OUT = not in compliance | | | | | | | | | | |
| Proper disposition of returned previously served | | | | | | N/A = not applicable N/O = not observed | | | | | | | | | |
| IN OUT N/O reconditioned, and unsafe food COS=Corrected On Site R=Repeat Item GOOD RETAIL PRACTICES | | | | | | | | | _ | | | | | | |
| | | Good Retail Practices are preven | | | | | | ogens ch | emicals | and | nhysical objects into fo | nds | | | |
| IN OUT | | Safe Food and Wat | | | | | OUT | ogens, cm | cillicais | | er Use of Utensils | 003. | COS | R | |
| | Paste | urized eggs used where require | | | | | | | | utensils: properly stored | | | | | |
| | Water | and ice from approved source | | | | Utensils handled | | | sils, equipment and linens: properly stored, | | red, dried, | | | | |
| | | Food Temperature Co | | | | Single-use | | | se/single-service articles: properly stored, used | | | | | | |
| | | ate equipment for temperature | control | | | | | Gloves u | | | | - | | | |
| | | ved thawing methods used nometers provided and accurate | | | - | | | Food an | d nonfo | isiis, E | equipment and Vending ntact surfaces cleanab | le, properly | | - | _ |
| | | <u>'</u> | | | | | | designe | esigned, constructed, and used | | | | | | |
| | Food Identification | | | | | | | strips us | /arewashing facilities: installed, maintained, used; test rips used | | | | | | |
| | Food properly labeled; original container | | | | | | | Nonfood | l-contac | | aces clean | | | | |
| | Prevention of Food Contamination | | | | - | Physical Facilities Het and cold water available: adequate pressure | | | | | | - | | | |
| | Insects, rodents, and animals not present Contamination prevented during food preparation, storage | | | | + | Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices | | | | | - | _ | | | |
| | | and display Personal cleanliness: clean outer clothing, hair restraint, | | | + | Sewage and wastewater properly disposed | | | | | | | | | |
| | fingerr | fingernails and jewelry Wiping cloths: properly used and stored | | | + | Toilet facilities: properly constructed, supplied, cleaned | | | | | - | | | | |
| | | and vegetables washed before | | | | | | Garbage | e/refuse | prope | erly disposed; facilities | maintained | | ╧ | _ |
| | | | | | | | | Physical | facilitie | | alled, maintained, and | clean | | | _ |
| Person in Cha | arge /T | itle: //w/ | i Me | | | | | | | Date | e: | | | | |
| Person in Charge /Title: Inspector: Mulming Time | | | Telep | lephone No. EPHS No. Follow-up: Yes Follow-up Date: | | | | No | | | | | | | |
| | | · word | - | 011111557 | | | | | | . 5110 | on up Duto. | | | | |

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

| ESTABLISHMENT NAME | | ADDRESS | | CITY/ZII | CITY /ZIP | | | | |
|--|--|------------------------------------|--|----------------|------------------------------|-------------------|---------|--|--|
| FO | OD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODU | JCT/ LOCAT | ION | TEMP. in ° F | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | PRIORIT | TY ITEMS | ırds associate | d with foodborne illness | Correct by (date) | Initial | | |
| | of Injury. These items MOST RECEIV | E IMMEDIATE ACTION WITHIN | 172 nours or as stated. | | | | | | |
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| Code Reference | Core items relate to general sanitation standard operating procedures (SSOP | , operational controls, facilities | ITEMS or structures, equipment design, rected by the next regular insp | general maint | enance or sanitation stated. | Correct by (date) | Initial | | |
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| | | EDUCATION PRO | OVIDED OR COMMENTS | | | | | | |
| | | _ | | | | | | | |
| Person in Charge /Title: | | | | | | | | | |
| Inspector: Telephone No. EPHS No. Follow-up: Follow-up Date: | | | | | Yes | No | | | |