

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

TIME IN	TIME OUT
DATE	PAGE 1 of

WITH ANY TI	OUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECING THE SHORTER HAVE BEEN AS MAY BE SPECING THE SHORTER HAVE BLISHMENT NAME: OWNER:									COMPL	Y		
ADDRESS	ADDRESS:			ES	ESTABLISHMENT NUMBER:			ER:	: COUNTY:				
CITY/ZIP:		PHONE:			FAX	X:				P.H. PRIORITY :	Н	М	L
ESTABLISHME BAKER RESTA		C. STORE CATE SCHOOL SENIO		LI MMER F.P.		GROCE TAVERI	ERY STORI	Ē		STITUTION MP.FOOD	MOBILE \	/ENDOR	S
PURPOSE Pre-ope		Routine Follow-up											
FROZEN D		approved Not Applicable	SEWAGE DISPOS	1		SUPPL		NON	COM	MUNITY	PRIVATE	=	
	nse No		PRIVA		0011		•			oled	Results		
		-	RISK FAC	CTORS AN	ID INTE	ERVEN	TIONS						
		preparation practices and emplo eaks. Public health intervention							ontrol a	and Prevention as cor	ntributing fact	ors in	
Compliance	icaa outbi	Demonstration of				ompliance			Po	tentially Hazardous F	oods	CO	S R
IN OUT		Person in charge present, der and performs duties	monstrates knowledge,		IN	OUT	N/O N/A	Prope	er cook	ing, time and tempera	ature		
INI acce		Employee F					N/O N/A			eating procedures for			
IN OUT		Management awareness; poli Proper use of reporting, restri Good Hygienic	ction and exclusion		IN	OUT	N/O N/A N/O N/A N/A	Prope	er hot h	ng time and temperat olding temperatures holding temperatures			
IN OUT N	I/O	Proper eating, tasting, drinkin			IN IN	OUT OUT	N/O N/A			marking and dispositi			
IN OUT N	N/O	No discharge from eyes, nose			IN	OUT	N/O N/A	Time recor		ublic health control (p			
IN OUT N	I/O	Preventing Contamin Hands clean and properly was			IN				Consumer Advisory r advisory provided for raw or				
IN OUT N	I/O	No bare hand contact with rea				und		undei		ked food Highly Susceptible Populations			
IN OUT		approved alternate method properly followed Adequate handwashing facilities supplied & accessible			IN	OUT	OUT N/O N/A Pasteurized offered			d foods used, prohibited foods not			
IN OUT	Approved Source				IN OUT			Chemical					
IN OUT I	N/O N/A	Food obtained from approved source N/A Food received at proper temperature				IN OUT N/A Food additives: approved and properly used Toxic substances properly identified, stored used				d			
IN OUT		Food in good condition, safe and unadulterated			Compliana				rmance with Approved Procedures ce with approved Specialized Process				
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction Protection from Contamination			IN	OUT	N/A	N/A and HACCP plan			3				
IN OUT	N/A	Food separated and protected			Th	e letter t	to the left of	each i	tem inc	dicates that item's sta	tus at the time	e of the	
IN OUT				ins		in complia	in compliance OUT = not in compliance						
IN OUT N	N/O	Proper disposition of returned reconditioned, and unsafe for	d			COS	. = not appli S=Correcte		Site	N/O = not observed R=Repeat Item			
		Good Retail Practices are prev		OOD RETAI			hogens che	micals	and r	hysical objects into fo	node		
IN OUT		Safe Food and Wa		COS R		OUT	nogens, che	inical		er Use of Utensils	Jous.	COS	R
Pasteurized eggs used where required Water and ice from approved source		d					In-use utensils: properly stored Utensils, equipment and linens: properly stored, dried			ored, dried,			
		Food Temperature Co	ontrol					se/sing	le-serv	ice articles: properly	stored, used	<u> </u>	
		uate equipment for temperature	control				Gloves u	ised pr	operly				
		ved thawing methods used nometers provided and accurate	•					Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanable, pro		ole, properly			
		Food Identificatio	n				Warewa	designed, constructed, and used Warewashing facilities: installed, maintained, use strips used		d, used; test			
	Food	properly labeled; original contai								ces clean			
	Insect	Prevention of Food Conta s, rodents, and animals not pre-					Hot and	Physical Facilities and cold water available; adequate press mbing installed; proper backflow devices		/	SSIIFA		
		mination prevented during food											
	Perso finger	all cleanliness: clean outer clothing, hair restraint, ails and jewelry		J	Sewage and wastewater properly disposed								
		g cloths: properly used and stor and vegetables washed before			-	Toilet facilities: properly constructed, suppli Garbage/refuse properly disposed; facilities							
	i-ruits	and vegetables wastied belote	use							illed, maintained, and		\pm	L
Person in 0	Charge /T	Title: Flummaduch Math	that		-				Date				
Inspector:	jaylor Z	Mady Main J Han	nas		Teleph	one No	. PHES	No.		ow-up: ow-up Date:	Yes	1	No
MO 580-1814 (9-	139	7) 0	DISTRIBUTION: WHITE	- OWNER'S CO	OPY	_	CANARY - FII	E 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



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ESTABLISHMENT NAME		ADDRESS		CITY/ZI	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/			TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or red	RITY ITEMS duction to an acceptable level, haza hin 72 hours or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities	RE ITEMS es or structures, equipment design, corrected by the next regular insu	general maint	enance or sanitation stated.	Correct by (date)	Initial	
	otaliaala opolaalig proceduloo (ee ei	c). These name are to be	and the state of t				PIONE	
							PINAL	
							PLANT	
							PWAS	
							PLANT	
							PHAT	
							7 MAST	
							PHAT	
							PLOTAL	
		EDUCATION P	PROVIDED OR COMMENTS					
Person in Ch	narge /Title: Flummadurh Mu	the			Date:			
Inspector://	Who Brady Main F	Homas	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	



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		I LIVIF. III	TEMP. III 1			1 - IVII - III 1			
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Code	or injury. These items in our reserve	CORE ITI				Correct by	Initial		
Reference									
	Special Control of the Control of th	,.					PHAT		
							7 MAJ		
							PHAT		
							PLANT		
							PHIL		
							PHALL		
		EDUCATION PROV	IDED OR COMMENTS						
Person in Ch	parge /Title: Flumahuh Mu				Date:				
Inspector:	Taylor Brady Main	1 11	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No		
MO 580-1814 (9-13)	Million + 1 Mary	DISTRIBUTION: WHITE – OWNER'S CO	PY CANARY – FILE CO		Follow-up Date.		E6.37A		