

MO 580-1814 (9-13)

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 F	ROUTINE	E INSPE	CTION, OR SUCH S	HORTER PER	RIOD OF TIME AS	MAY BE	SPEC	IFIED	N WRI	TING BY	THE REGU	ACILITIES WHICH MUST BE CORRECT ULATORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THE ESTABLISHMENT NAME: OW				OWNER:							PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT N				HMENT	NUMBER	COUNTY:			
CITY/ZIP: PH					PHONE:	PHONE:						P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER						ELI GROCERY STORE JMMER F.P. TAVERN						INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPO	OSE Pre-oper	ning	Routine	Follow-up	Complaint	Oth	ner								
FROZEN DESSERT Approved Disapproved Not Applicable SEWAGE					SEWAGE DISPO PUBI						NON-COMMUNITY PRIVATE				
	Licens	e No		_	PRIV						Date Sa	ampled Results			
					RISK FA										
			oreparation practices eaks. Public health									rol and Prevention as contributing factor	ors in		
Compli			Demoi	nstration of Kn	owledge	COS R C			mpliance		Potentially Hazardous Foods			S R	
IN C	DUT		Person in charge present, demonstrates knowledge, and performs duties					IN	OUT	N/O N/A	Proper cooking, time and temperature				
				Employee Hea	ılth			IN	OUT	N/O N/A	I/O N/A Proper reheating procedures for hot holding				
	TUC		Management awar					_		N/O N/A					
IN (DUT		Proper use of repo	orting, restriction d Hygienic Pra		_			OUT OUT	N/O N/A N/A		ot holding temperatures old holding temperatures			
IN C	OUT N/	0	Proper eating, tast							N/O N/A		ate marking and disposition			
IN C	OUT N/	0	No discharge from eyes, nose and mouth					IN	OUT	N/O N/A	Time as a public health control (procedures /				
			Preventing	g Contamination	on by Hands			+			records)	Consumer Advisory		+	
IN C	OUT N/O))	Hands clean and p					IN	OUT	N/A		er advisory provided for raw or			
			No hare hand cont	act with ready	-to-eat foods or					1071		bked food Highly Susceptible Populations			
IN C	OUT N/	0	No bare hand contact with ready-to-eat foods or approved alternate method properly followed									riigiliy Susceptible Populations			
IN C	DUT		Adequate handwashing facilities supplied & accessible					IN	OUT	N/O N/A	Pasteurized foods used, prohibited foods not offered				
IN C	DUT			Approved Soul				INI	OUT	N/A	Food add	Chemical ditives: approved and properly used		_	
IN OUT N/O N/A			Food obtained from approved source Food received at proper temperature									ostances properly identified, stored and			
IN OUT		Food in good condition, safe and unadulterated								Conformance with Approved Procedures					
IN C	IN OUT N/O N/A Required destruction			quired records available: shellstock tags, parasite struction Protection from Contamination				IN	OUT	N/A	N/A Compliance with approved Specialized Pro and HACCP plan				
Food consisted and make the				ammation			The	letter t	o the left o	of each item indicates that item's status at the time of the					
		N/A	Food-contact surfaces cleaned & sanitized				_		inspection.						
IN C	DUT	N/A						IN = in compliance N/A = not applicable				OUT = not in compliance N/O = not observed			
IN (IN OUT N/O		Proper disposition of returned, previously served, reconditioned, and unsafe food								ed On Site				
			,			GOOD RE	ETAIL	PRACT	TICES						
				•				_		nogens, ch		nd physical objects into foods.	cos		
IN	OUT		Safe Fo urized eggs used wh		cos	R	IN	OUT	In-use i	Proper Use of Utensils utensils: properly stored			R		
		r and ice from approved source								ls, equipment and linens: properly stored, dried,					
				t Ot	1					handled					
	Adequ		Food Temperature Control uate equipment for temperature control								used prope	service articles: properly stored, used			
		Appro	ved thawing method							Utensil	s, Equipment and Vending				
		Therm	nometers provided a								-contact surfaces cleanable, properly cted, and used				
			Food I								ities: installed, maintained, used; test				
										strips us	sed				
		Food	oroperly labeled; original prevention of			-				Nonfoo	d-contact s	urfaces clean Physical Facilities			
	1	Insect	s, rodents, and anim						Hot and col			r available; adequate pressure			
			mination prevented	eparation, storage						ng installed; proper backflow devices					
		and di Perso	splay nal cleanliness: clea	g. hair restraint			+		Sewage	ge and wastewater properly disposed					
		fingeri	nails and jewelry	J, 1000.dilliq											
	Wiping cloths: properly used and stored Fruits and vegetables washed before use			<u> </u>	1	-	+				perly constructed, supplied, cleaned operly disposed; facilities maintained				
<u> </u>				c		 	+				operly disposed; facilities maintained nstalled, maintained, and clean				
Perso	on in Cl	narge /T	itle: 🕜 N. L.	RATIA -		•	•	•		, , , , , ,		Pate:	•	•	
			Mulli	M MAY			I 	.11		1	10.11	· II			
inspe	ector:	rayla:	mie: ashlu Brady Koliti	po Rearl			116	elepho	ne No	. EPH		follow-up: Yes follow-up Date:	Г	No	



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [*]	T NAME	ADDRESS			CITY/ZII	CITY/ZIP			
FOO	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	PRIO PRIO elimination, prevention or re E IMMEDIATE ACTION wit	RITY ITEMS eduction to an a thin 72 hours o	cceptable level, haza or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
							Correct by	Initial	
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.								
						Survey.			
		EDUCATION F	PROVIDED O	R COMMENTS					
Person in Ch	arge /Title: Collu #1					Date:			
Inspector:	payla Brady Kotilyo Ree	DISTRIBUTION: WHITE - OWNER	EDIC CODY	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No F6 374	