

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 INSPECT	TION THIS DAY, THE ITEMS NO	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE RE	GULA	TORY AUTHORITY. FA			
ESTABLISHMENT N	IY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY BLISHMENT NAME: OWNER:			SULT IN CESSATION OF YOUR FOOD OF				PERSON IN CHARGE:				
ADDRESS:				ESTABLISHMENT NUMBER				ER:	COUNTY:			
CITY/ZIP:	PHONE:	PHONE:			FAX:			P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOF		l MER F.P.		GROCE	RY STOR	E		STITUTION MP.FOOD	MOBILE	/ENDO	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable PUE			COMMUNITY NON-				OMMUNITY PRIVATE Sampled Results					
License No		RISK FAC) INTEI	RVENT	IONS						
	preparation practices and employ							ontrol	and Prevention as contri	ibuting fac	ors in	
foodborne illness outbre Compliance	eaks. Public health intervention Demonstration of k				ne illnes mpliance	s or injury	/. [P	otentially Hazardous Foo	ads	С	OS F
IN OUT	Person in charge present, dem	· ·		-		I/O N/A	Prope		king, time and temperatu			
	and performs duties Employee He		IN OUT N/O N/A									
IN OUT	Management awareness; polic	y present		IN (N TUC	N/O N/A Prope			ooling time and temperatures			
IN OUT	Proper use of reporting, restrict Good Hygienic P					<u>N/O N/A</u> N/A		per hot holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking	or tobacco use		IN OUT N/O N/A Proper			er date	ate marking and disposition				
IN OUT N/O	No discharge from eyes, nose	and mouth		IN (OUT N	1/0 N/A	Time record		ublic health control (proc	cedures /		
	Preventing Contamina								Consumer Advisory			
IN OUT N/O	IN OUT N/O Hands clean and properly washed			IN	OUT	N/A			advisory provided for raw d food	vor		
IN OUT N/O	No bare hand contact with read						under		shiy Susceptible Populat	ions		
IN OUT	approved alternate method properl					I/O N/A	Paste	urized	foods used, prohibited f	foods not		
	accessible Approved So	urco				N/O N/A	offere	d	Chemical	_	_	
IN OUT	Approved Source OUT Food obtained from approved source			IN OUT N/A Food additives			ves: approved and prope	erly used				
IN OUT N/O N/A Food received at proper temperatur		rature				Toxic used	substa	ostances properly identified, stored and				
IN OUT	IN OUT Food in good condition, safe and unadulterat							onforn	nance with Approved Pro	ocedures	_	
IN OUT N/O N/A	IN OUT N/O N/A Required records available: shellsto destruction							nce with approved Specialized Process CP plan				
	Protection from Cor	ntamination										
IN OUT N/A	N OUT N/A Food separated and protected			The letter to the left of each item indicates that item's status at the time of the inspection.								
IN OUT N/A Food-contact surfaces cleaned & sanitized				IN = in compliance OUT = not in compliance								
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
	reconditioned, and unsale lood		OD RETAIL	PRACT	ICES							
	Good Retail Practices are preve					ogens, ch	emicals			ds.		
IN OUT Paster	Safe Food and Wate urized eggs used where required		COS R	IN	OUT	In-use u	tensils:		er Use of Utensils rly stored		COS	R
	and ice from approved source					Utensils	, equipr		nd linens: properly store	ed, dried,		-
	Food Temperature Contro					handled			vice articles: properly sto	ored used	_	+
	ate equipment for temperature c					Gloves	used pro	operly		, uoou		
	Approved thawing methods used			_		Food on			Equipment and Vending ntact surfaces cleanable	nronorly	-	_
Inerm	Thermometers provided and accurate								ntact surfaces cleanable	e, property		
					Warewa strips us		acilities	s: installed, maintained,	used; test			
Food properly labeled; original container				Nonfood-contact surfa								
Incost	nination				Hot and	cold w		ysical Facilities ailable; adequate press	ure			
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage								oper backflow devices			+
and display Personal cleanliness: clean outer clothing, hair restraint,						Sewana	and wa	stewa	ter properly disposed			_
fingernails and jewelry												
Wiping cloths: properly used and stored Fruits and vegetables washed before use							bilet facilities: properly constructed, supplied, cleaned arbage/refuse properly disposed; facilities maintained					_
				Physical facilities installed, maintained, and clean								
Person in Charge /T	itle: Q ~							Date	9:			
Inspector:	TY I	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	T	elephor	ne No	PHF	S No.	Follo	ow-up:	Yes		No
- フ	Manie F. Honors	>		•				Follo	ow-up Date:			
MO 580-1814 (9-13)	F	DISTRIBUTION: WHITE -	OWNER'S COF	Υ	(CANARY – FI	ILE COPY					E6.37



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Macces							
ESTABLISHMEN	TNAME	ADDRESS)				
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/			ION	TEMP. ir	٦°F
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazard hours or as stated.	ds associated	d with foodborne illness	(date)	
							que
Code Reference	Core items relate to general sanitatio	CORE ITE	MS ructures, equipment design, g	eneral mainte	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSO	Ps). These items are to be correct	ed by the next regular inspe	ection or as a	stated.		
							sere a
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	arge /Title: ()				Date:		
Inspector:	mal. All_	~~~	Telephone No.	PHES No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Manu f. Honor	DISTRIBUTION: WHITE - OWNER'S COP		PY	Follow-up Date:		E6.37A

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