

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	COMPL	Y
			OWNER:								PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMENT NUMBER			ER:	COUNTY:					
CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY :	Н	М	L		
ESTABLISHMEI BAKER	Y	C. STORE CATE			п			RY STORE	E		STITUTION	MOBILE V	ENDOR	S
PURPOSE Pre-ope		SCHOOL SENIC		MMER F. Othe			AVERN			IE	MP.FOOD			
FROZEN DE			SEWAGE DISPOS				JPPLY							
Approved		approved Not Applicable	PUBL PRIVA	_	(COMM	'TINUI	Y			MUNITY pled	PRIVATE Results		
Licens	se No		RISK FAC		AND	INTE	RVENT	TIONS						
		preparation practices and emplo								ontrol	and Prevention as con	tributing facto	ors in	
Compliance	ess outbr	eaks. Public health intervention Demonstration of		es to prev	ent fo		ne illnes			Pr	otentially Hazardous F	nnds	COS	S R
IN OUT		Person in charge present, der			+			N/O N/A	Prope		king, time and tempera			
IN OUT		and performs duties Employee I	Joolth		-				Drong	or robe	eating procedures for h	ot holding		
IN OUT		Management awareness; poli				IN (N/O N/A			ing time and temperati			-
IN OUT		Proper use of reporting, restri	ction and exclusion					N/O N/A	Prope	er hot h	nolding temperatures			
IN OUT N/	<u>'O</u>	Good Hygienic Proper eating, tasting, drinkin			-		OUT	N/A N/O N/A			holding temperatures marking and disposition	on		
IN OUT N		No discharge from eyes, nose									ublic health control (pr			
IN OUT IN	70	5 " 0 1 1				IN (JU1 1	N/O N/A	recor	ds)				
		Preventing Contamin Hands clean and properly was							Cons	umer a	Consumer Advisory advisory provided for ra			_
IN OUT N/	O	,				IN	OUT	undercoc			ked food			
IN OUT N	O	No bare hand contact with rea approved alternate method pr						- 1		Hig	phly Susceptible Popul	ations		
IN OUT	41 (1 1 1 6 111 1 1 1 1 1 1 1 1 1 1 1 1		ies supplied &			IN OUT N/O N/A Pasteurize offered				foods used, prohibited	d foods not			
IN OUT		Approved S			-		OLIT	11/0		. 1.120	Chemical			
IN OUT N	I/O N/A	Food obtained from approved Food received at proper temp			-		OUT	N/A	Food Toxic	additiv substa	ves: approved and propances properly identifie	perly used ed. stored and	b	
	I/O IN/A					IN	OUT		used					
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, par					IN OUT N/A Compliance with approved Specialized Prand HACCP plan				3					
		destruction Protection from Co	ontamination						and F	ACCE	² pian			
IN OUT	N/A	Food separated and protected				The	letter to	the left of	each i	tem in	dicates that item's stat	us at the time	of the	
IN OUT	N/A	Food-contact surfaces cleane	d & sanitized			insp	ection. IN =	in complia	nce		OUT = not in complia	nce		
IN OUT N	/O	Proper disposition of returned				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
		reconditioned, and unsafe for		OOD RE	TAIL F	PRACT		9-0011CCCC	u On O	nic .	re-repeat item			
		Good Retail Practices are prev	entative measures to co	ontrol the	introd	luction	of path	ogens, che	emicals	s, and p	physical objects into fo	ods.		
IN OUT		Safe Food and Wa		cos	R	IN	OUT				er Use of Utensils		cos	R
		urized eggs used where require and ice from approved source	d								rly stored nd linens: properly sto	red, dried,		
		Food Temperature Co						Single-us			vice articles: properly s	tored, used		
		uate equipment for temperature	control					Gloves u				-		
		ved thawing methods used nometers provided and accurate	<u> </u>					Food and			Equipment and Vending ntact surfaces cleanab			
		·						designed	d, cons	tructed	d, and used	, , , , , , , , , , , , , , , , , , ,		
		Food Identificatio	n					Warewas strips use		acilities	s: installed, maintained	I, used; test		
	Food	properly labeled; original contai						Nonfood-	-contac		aces clean			
	Incoct	Prevention of Food Conta						Hot and	cold w		ysical Facilities	curo		
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage							and cold water available; adequate pressure mbing installed; proper backflow devices						
	and di	splay						·			·			1
		nal cleanliness: clean outer clot nails and jewelry	ning, hair restraint,					Sewage	and wa	astewa	iter properly disposed			
Wiping cloths: properly used and stored							oilet facilities: properly constructed, supplied, cleaned							
	Fruits	and vegetables washed before	use						Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean				1	
Person in C	harge /T	itle: AAD						i ilyolodi	.aomitic	Date		J.Juli	1	1
Inspector:		. 10 Ann 1			Tel	lenho	ne No.	PHES	S No	Follo	ow-up:	Yes	N	No
Inspector:	tyn P	eant Vergue Markay	DISTRIBUTION: WHITE	- OWNER'S				CANARY - FIL		Follo	ow-up Date:	103		E6.37
	- /	11 (/							1					_5.07

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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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION					
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORI e elimination, prevention or redu VE IMMEDIATE ACTION withi	ITY ITEMS uction to an acceptable level, haza in 72 hours or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
							D.A.Q	
							D.A.Q	
							D.A.Q	
							D.M.Q	
Code Reference	Core items relate to general sanitatio standard operating procedures (SSO	n, operational controls, facilities	E ITEMS s or structures, equipment design, or rected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							D.A.Q	
							D.A.Q	
							D.A.Q	
							D.A.Q	
		EDUCATION DE						
		EDUCATION PR	ROVIDED OR COMMENTS					
Person in Ch	narge /Title: () (all)				Date:			
	The state of the s							
Inspector:	atityn Reant Peggy Marka	 W	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	



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		EDUCATION	PROVIDED OR COMMENTS					
Person in Ch	narge /Title:				Date:			
Inspector: (AMO 580-1814 (9-13)	tityn Raut Penguy Maukay	, DISTRIBUTION: WHITE – OWI	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A	