

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 R	OUTINE	INSPE	CTION, OR SUCH SHORTER P	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	N WRI	TING BY 1	THE REGI	ACILITIES WHICH MUST BE CORRE ULATORY AUTHORITY. FAILURE TO CORERATIONS			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:			OWNER:						OKT OOL	PERSON IN CHARGE:				
ADDRESS:					ESTABLISHMENT				HMENT	NUMBE	COUNTY:			
CITY/ZIP:			PHONE:	PHONE:			FAX:			P.H. PRIORITY: H	М	L		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER					ELI GROCERY STORE JMMER F.P. TAVERN					ιE	INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPO:	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable				PUBLIC COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results					
	License	No		PRIV		AND	INITE		TIONO	Date	nesuna			
Diele fe	-1			RISK FAC						0	steel and Decreation as anothin time for			
			preparation practices and emplo eaks. <mark>Public health interventio</mark>								ntrol and Prevention as contributing fac	ors in		
Complia	nce		Demonstration of		COS	R	Со	mpliance	9		Potentially Hazardous Foods	CO	S R	
IN O	UT		Person in charge present, den and performs duties	nonstrates knowledge,			IN	OUT	N/O N/A	A Proper cooking, time and temperature				
INI -			Employee H						N/O N/A		reheating procedures for hot holding			
	<u>UT</u> UT		Management awareness; police Proper use of reporting, restrict		-	-	_		N/O N/A		cooling time and temperatures hot holding temperatures	$+\!\!\!+\!\!\!\!-$		
			Good Hygienic	Practices				OUT	N/A	Proper	cold holding temperatures			
	UT N/C		Proper eating, tasting, drinking No discharge from eyes, nose			_	IN	OUT	N/O N/A		date marking and disposition s a public health control (procedures /		_	
IN O	UT N/C)	,				IN	OUT	N/O N/A	records)			
IN O	UT N/O)	Preventing Contamina Hands clean and properly was				IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or		+	
IN O	UT N/C	`	No bare hand contact with rea	dy-to-eat foods or			1			underco	boked food Highly Susceptible Populations			
		,	approved alternate method pro		+		Pasteuriz			Pactour	rized foods used, prohibited foods not			
IN OUT Adequate handwashing facilities s accessible						IN	IN OUT N/O N/A offered			·				
IN OUT Food obtained from approved so					-	IN OUT N/A Food add			Food ac	Chemical dditives: approved and properly used				
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT Tox				ubstances properly identified, stored and			
IN OUT			Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite								nformance with Approved Procedures			
IN O	I INI CHITE NI/CHENI/CHENI		destruction	listock tags, parasite			IN OUT N/A		N/A	Compliance with approved Specialized Process and HACCP plan				
			Protection from Co				The letter to the left of each item							
IN O	UT	N/A	Food separated and protected					The letter to the left of each ite inspection.			m indicates that item's status at the tim	e of the		
IN O	UT	N/A	Food-contact surfaces cleaned					IN =	in complia					
IN o			Proper disposition of returned reconditioned, and unsafe foo				N/A = not app COS=Correcte							
			reconditioned, and ansare too		OOD RE	TAIL	PRACT							
	,		Good Retail Practices are preven					_	nogens, ch			cos		
IN	OUT	Safe Food and Water Pasteurized eggs used where required			cos	R	IN	OUT	In-use u	Proper Use of Utensils e utensils: properly stored			R	
			and ice from approved source	<u> </u>					Utensils	, equipme	ent and linens: properly stored, dried,		1	
-			Food Temperature Co	ontrol			-		handled Single-		-service articles: properly stored, used		_	
		Adequ	ate equipment for temperature				1			used prop		+	+	
			ved thawing methods used								ils, Equipment and Vending			
		Therm	nometers provided and accurate								d-contact surfaces cleanable, properly acted, and used			
			Food Identification	1						shing fac	ilities: installed, maintained, used; test			
		Food	properly labeled; original contain								surfaces clean			
		Incost	Prevention of Food Conta						Hot and	cold water	Physical Facilities	-	_	
			 s, rodents, and animals not pres mination prevented during food 				1				er available; adequate pressure d; proper backflow devices	+-	+	
	and display						-				tewater properly disposed	+-	-	
Personal cleanliness: clean outer clothing, hair fingernails and jewelry Wiping cloths: properly used and stored Fruits and vegetables washed before use						<u> </u>		Sewage	anu was	iewater property disposed				
										operly constructed, supplied, cleaned	\perp			
						1				roperly disposed; facilities maintained installed, maintained, and clean		+		
Perso	n in Ch	arge /T	itle: Report was send to ou	.1			В		, 0.00		Date:			
I.a :-			Report was send to ou	vners email		l 	- طعما	no Nie	Louis	C N =	Tallani va		NI-	
Inspector: Katayn Recent					ıe	iebuo	ne No.	. PHE		Follow-up: Yes Follow-up Date:	Γ	No		



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY I' elimination, prevention or reductior F IMMEDIATE ACTION within 72	n to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
	or injury. These items MUST RECEIV	E IMMEDIATE ACTION WITHIN 72	nours or as stated.					
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE ITE , operational controls, facilities or s s). These items are to be correc	tructures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
			DED OR COMMENTS					
		LOUGHTON FROM	DED ON COMMENTS					
Person in Ch	arge /Title: Report was send t	A AUMANA, AMAil			Date:			
Inchactor:	Latery Rawt	- conew anum	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	

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