

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

TIME IN TIME OUT
DATE PAGE 1 of

ESTABLISHMENT NAME:				IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOO OWNER:						PERSON IN CHARGE:				
ADDRESS:				<u> </u>			ESTABLISHMENT NUMBER:				COUNTY:			
CITY/ZIP:				PHONE:			FAX:				P.H. PRIORITY : H	М	L	
	BLISHMEN BAKERY RESTAUI		C. STORE CATERER SCHOOL SENIOR C		.I Mer f	.P.		GROCE	RY STOR		I NSTITUTION MOBILE EMP.FOOD	VENDOF	۲S	
PURF	POSE Pre-openi	ng	Routine Follow-up	Complaint	Oth	er								
	DZEN DE pproved License	Disa	EWAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY PRIVATE				NON-COMMUNITY PRIVATE Date Sampled Results							
	LICCHOC			RISK FAC		AND	INTE	RVEN	TIONS					
Risk	factors a	e food p	reparation practices and employee eaks. Public health interventions	behaviors most com	monly	reporte	ed to th	ne Cent	ers for Dis	ease Control	I and Prevention as contributing fac	ctors in		
	bliance		Demonstration of Kno		COS			mpliance	, ,		Potentially Hazardous Foods	CC	DS	
IN	OUT		Person in charge present, demon and performs duties	strates knowledge,			IN	I TUC	N/O N/A	Proper coo	king, time and temperature			
			Employee Heal				IN (		N/O N/A		neating procedures for hot holding			
	OUT OUT		Management awareness; policy present Proper use of reporting, restriction and exclusion			+					ooling time and temperatures ot holding temperatures		-+	
	OUT N/C		Good Hygienic Pra	ctices			IN	OUT	N/A	Proper cold	d holding temperatures			
	OUT N/C		Proper eating, tasting, drinking or No discharge from eyes, nose an			_			<u>N/O N/A</u> N/O N/A	Time as a	e marking and disposition public health control (procedures /			
			Preventing Contaminatio	n by Hands		_				records)	Consumer Advisory			
IN OUT N/O Hands		)	Hands clean and properly washed				IN	OUT	N/A		advisory provided for raw or			
		)	No bare hand contact with ready- approved alternate method prope	d contact with ready-to-eat foods or						undercooked food Highly Susceptible Populations				
IN	OUT		Adequate handwashing facilities accessible				IN	I TUO	N/O N/A	Pasteurize offered	d foods used, prohibited foods not			
			Approved Source	e						Ullered	Chemical			
IN OUT			Food obtained from approved source Food received at proper temperature			Toxic			N/A		bod additives: approved and properly used bxic substances properly identified, stored and			
IN OUT N/O N/A		) N/A								used				
			Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite								e with approved Specialized Procedures	SS		
IN OUT N/O N/A		J N/A	destruction Protection from Contamination			_	and HAC			and HACC	P plan			
IN	OUT	N/A	Food separated and protected				-		the left of	f each item ir	ndicates that item's status at the tir	ne of the		
IN OUT N/A Food-contact surfaces cleane		Food-contact surfaces cleaned &	sanitized			inspection. IN = in compliance			ance	OUT = not in compliance				
IN			Proper disposition of returned, pro				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item							
			reconditioned, and unsafe food		OD RE	TAIL F	PRACT							
			Good Retail Practices are preventa	tive measures to cor	ntrol the	e introc	duction	of path	ogens, ch					
IN	OUT	Paster	Safe Food and Water urized eggs used where required		COS	R	IN	OUT	In-use u	Prop tensils: prope	per Use of Utensils erly stored	COS	R	
		Water	and ice from approved source							tensils, equipment and linens: properly stored, dried, andled ingle-use/single-service articles: properly stored, use				
			Food Temperature Contro						Single-u				_	
			ate equipment for temperature con ved thawing methods used	trol					Gloves	used properly	y Equipment and Vending	_	_	
			ometers provided and accurate							Food and nonfood-contact surfaces cleanable, proper designed, constructed, and used Warewashing facilities: installed, maintained, used; tes			-	
			Food Identification										_	
		Food	properly labeled; original container			strips used Nonfood-contact s			faces clean					
		1 000	Prevention of Food Contamin	ation						P	hysical Facilities			
			s, rodents, and animals not present mination prevented during food pre						Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices Sewage and wastewater properly disposed			_		
		and di	splay				_						_	
		fingerr	nal cleanliness: clean outer clothing nails and jewelry	, nair restraint,										
	-		g cloths: properly used and stored and vegetables washed before use			<u> </u>				acilities: properly constructed, supplied, clean pe/refuse properly disposed; facilities maintair			—	
									Physical facilities installed, maintained, and clean					
Per	son in Ch	arge /T	itle: <i>Emailed</i> report to the own	ver Nick Parehk						Dat	te:			
			r							1				



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	OOD ESTABLISHMENT IN	SPECTION REPORT			PAGE <sup>2</sup> of		
ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIF	2		
FO	DD PRODUCT/LOCATION	TEMP. in ° F	CT/ LOCAT	ION	TEMP. ir	n°F	
Code		PRIORITY II	TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction <b>E IMMEDIATE ACTION within 72</b>	n to an acceptable level, hazard hours or as stated.	ds associated	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitation	CORE ITE , operational controls, facilities or st	tructures, equipment design, g	eneral mainte	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOP	Ps). These items are to be correct	ted by the next regular inspe	ection or as	stated.		
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:	ort to the owner Nick Parehk			Date:		
~			Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (0-13)	r Mulz Kathr Pecen	DISTRIBUTION: WHITE - OWNER'S COP			Follow-up Date:		E6.37A