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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 INSPE	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PI S FOR CORRECTIONS SPECIFI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED	IN WRIT	TING BY T	HE REGUL	ATORY AUTHORITY. FA			
ESTABLISHMENT I			AT RESULT	TIN CESSATION OF TOUR FOOD OF				PERSON IN CHARGE:			
ADDRESS:				EST	ABLIS	HMENT	NUMBER:	COUNTY:			
CITY/ZIP:		PHONE:		FAX:				P.H. PRIORITY :	Н	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOR		I MER F.P.		GROCE AVERN	RY STOR		INSTITUTION FEMP.FOOD	MOBILE \	/ENDOF	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
''	T approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVA			UPPLY //UNIT			MMUNITY mpled	PRIVATE Results		
License No		RISK FACT		INTE	RVENT	TIONS					
	preparation practices and employ							ol and Prevention as contri	buting fact	ors in	
Compliance	eaks. Public health intervention Demonstration of k				mpliance			Potentially Hazardous Foo	ods	CC	S R
IN OUT	Person in charge present, dem and performs duties	onstrates knowledge,		IN	1 TUO	N/O N/A		oking, time and temperatu			
	Employee He			IN	1 TUO	N/O N/A	Proper re	heating procedures for ho	t holding		
IN OUT	Management awareness; polic Proper use of reporting, restrict			IN		N/O N/A		oling time and temperature	es		
IN OUT	Good Hygienic P				OUT I	N/O N/A N/A		t holding temperatures		-	-
IN OUT N/O	Proper eating, tasting, drinking					N/O N/A	Proper da	ite marking and disposition			
IN OUT N/O	No discharge from eyes, nose	and mouth		IN	1 TUO	N/O N/A	Time as a records)	public health control (proc	cedures /		
	Preventing Contamina							Consumer Advisory			
IN OUT N/O	Hands clean and properly wasl	hed		IN	OUT	N/A	Consume undercool	r advisory provided for raw ked food	or or		
IN OUT N/O	No bare hand contact with read approved alternate method pro						ŀ	Highly Susceptible Populati	ions		
IN OUT	Adequate handwashing facilitie accessible			IN	1 TUO	N/O N/A	Pasteurize offered	ed foods used, prohibited f	oods not		
	Approved So	urce						Chemical			
IN OUT	Food obtained from approved s Food received at proper tempe				OUT	N/A		itives: approved and prope stances properly identified		d	
IN OUT N/O N/A				IN	OUT		used			u	
IN OUT	Food in good condition, safe ar			-				ormance with Approved Pro		_	
IN OUT N/O N/A	destruction			IN	OUT	N/A	and HAC	ce with approved Specializ CP plan	ed Proces	s	
	Protection from Cor	ntamination		The	lattar ta	a tha laft a	f aaah itam	indicates that item's status	at the time	of the	
IN OUT N/A	Food separated and protected	10		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			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT N/O	Proper disposition of returned, reconditioned, and unsafe food						ed On Site	N/O = not observed R=Repeat Item			
	reconditioned, and another reco		OD RETAIL	PRACT	ΓICES						
	Good Retail Practices are preve			duction	_	ogens, ch	emicals, an	d physical objects into food	ds.		
IN OUT	Safe Food and Water		COS R	IN	OUT	la		oper Use of Utensils		cos	R
	eurized eggs used where required r and ice from approved source							perly stored t and linens: properly store	d, dried,		
						handled					
Adogs	Food Temperature Cor uate equipment for temperature of			+			ise/single-se used proper	ervice articles: properly sto	red, used	-	
	oved thawing methods used	JOI ILL OI		+		CIOVES		, Equipment and Vending			1
	nometers provided and accurate						nd nonfood-o	contact surfaces cleanable	, properly		
	Food Identification			+				ed, and used ies: installed, maintained, ı	ised: test	-	
						strips us	sed				
Food	properly labeled; original contain					Nonfood		rfaces clean			
Insec	Prevention of Food Contar ts, rodents, and animals not prese			+		Hot and		Physical Facilities available; adequate pressu	ıre		
	amination prevented during food p			1				proper backflow devices			
	lisplay onal cleanliness: clean outer cloth	ing hair restraint		+		Sewago	and waster	water properly disposed		+	+
finger	nails and jewelry					Jewaye	and waster	mater property dispused			
	g cloths: properly used and store			1				perly constructed, supplied,			
Fruits	and vegetables washed before u	ise	+	+				perly disposed; facilities m stalled, maintained, and cle			
Person in Charge /1	Fitle:	11:60:41	1			. 11,5104		ate:		1	
	mailed report to the o	runer Nick Parenk									
Inspector: 1/	lub Kathpa Pecant	•	Te	elepho	ne No.	EPH		ollow-up: ollow-up Date:	Yes		No
MO 580-1814 (9-13)	1	DISTRIBUTION: WHITE -	OWNER'S COP	Υ		CANARY – F		mow-up Date.			E6.37



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ESTABLISHMEN'	T NAME	ADDRESS				CITY/ZIP		
FOO	OD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/			JCT/ LOCAT	LOCATION		ı° F
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	limination, prevention or re	ORITY ITEMS eduction to an action 72 hours o	cceptable level, hazar as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilit	DRE ITEMS ties or structures corrected by the	, equipment design, ne next regular inst	general maint	enance or sanitation stated.	Correct by (date)	Initial
				RCOMMENTS				
		EDUCATION	PROVIDED OF	R COMMENTS				
Person in Ch	narge /Title: (mailed repo	t to the owner Nick Pares	hk	-		Date:		
Inspector: //www.mo 580-1814 (9-13)	mXMuly Kathyn Pecent	DISTRIBUTION: WHITE – OWN	JER'S COPY	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A



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FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOC			ı° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY I e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	TEMS n to an acceptable level, hazards ass hours or as stated.	sociated with foodborne illness	Correct by (date)	Initial	
Code Reference	Core items relate to general sanitatic standard operating procedures (SSC	CORE ITE n, operational controls, facilities or s Ps). These items are to be correc	tructures, equipment design, genera	I maintenance or sanitation or as stated.	Correct by (date)	Initial	
		EDUCATION BROW	DED OD COMMENTO				
		EDUCATION PROV	DED OR COMMENTS				
		EDUCATION PROV	DED OR COMMENTS				
Person in Ch	narge /Title: Mailed report to	EDUCATION PROV	DED OR COMMENTS	Date:			
Person in Ch	narge/Title: mailed report to		DED OR COMMENTS Telephone No. PHE		Yes	No	