

## 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 INSPECTION, OR SUCH SHORTER PERI<br>WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED<br>ESTABLISHMENT NAME: |  | IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOO<br>OWNER: |                 |                       |                 |             | UR FOOD OF                         | OPERATIONS.<br>PERSON IN CHARGE:                                 |               |     |  |
|--|--|--|-----------------|-----------------------|-----------------|-------------|------------------------------------|--|---------------|-----|--|
|  |  |  |                 |                       |                 |             |                                    |  |               |     |  |
| ADDRESS:   |  |  |                 | ESTABLISHMENT NUMBER: |                 |             | COUNTY:                            |  |               |     |  |
| CITY/ZIP:  |  | PHONE:   |                 | FAX                   | FAX:            |             |                                    | P.H. PRIORITY :  | H M           | L   |  |
| ESTABLISHMENT TYPE<br>BAKERY<br>RESTAURANT<br>PURPOSE  | C. STORE CATEREF<br>SCHOOL SENIOR (  |  | .I<br>Imer F.P. |                       | GROCE           | RY STOR     |                                    | ISTITUTION MOE<br>EMP.FOOD                                       | BILE VENDOR   | RS  |  |
| Pre-opening  | Routine Follow-up  | Complaint  |                 |                       |                 |             |                                    |  |               |     |  |
| FROZEN DESSERT<br>Approved Dis<br>License No.  | F S<br>approved Not Applicable   | EWAGE DISPOS<br>PUBLIC<br>PRIVA                              | 2               | ATER S<br>COMN        | UPPLY<br>IUNITY |             | NON-COM<br>Date Sam                |  | VATE<br>sults |     |  |
|  |  | RISK FAC   | TORS AN         | D INTE                | RVENT           | TIONS       |                                    |  |               |     |  |
| Risk factors are food  | preparation practices and employee   | behaviors most com   | monly repo      | orted to th           | e Cente         | ers for Dis | ease Control                       | and Prevention as contributin                                    | g factors in  |     |  |
| Compliance   | eaks. Public health interventions Demonstration of Kno                             |  |                 |                       | mpliance        | , ,         |                                    | otentially Hazardous Foods                                       | CC            | OS  |  |
| IN OUT   | Person in charge present, demor  |  |                 | IN                    | N TUC           | N/O N/A     |                                    | king, time and temperature                                       |               |     |  |
|  | and performs duties<br>Employee Hea  | lth  |                 | IN (                  |                 | N/O N/A     | Proper reh                         | eating procedures for hot hold                                   | ling          |     |  |
| IN OUT   | Management awareness; policy p   | present  |                 | IN (                  | N TUC           | N/O N/A     | Proper cool                        | ling time and temperatures                                       | Ŭ             |     |  |
| IN OUT   | Proper use of reporting, restrictio<br>Good Hygienic Pra                           |  |                 |                       |                 |             |                                    | Proper hot holding temperatures Proper cold holding temperatures |               |     |  |
| IN OUT N/O   | Proper eating, tasting, drinking or  | tobacco use  |                 |                       |                 | N/O N/A     | Proper date                        | e marking and disposition  |               |     |  |
| IN OUT N/O   | No discharge from eyes, nose an  | d mouth  |                 | IN                    | N TUO           | N/O N/A     | Time as a p<br>records)            | public health control (procedure                                 | es /          |     |  |
| IN OUT N/O   | Preventing Contamination<br>Hands clean and properly washe                         |  |                 | IN                    | OUT             | N/A         | Consumer                           | Consumer Advisory<br>advisory provided for raw or                |               |     |  |
| IN OUT N/O   | No bare band contact with ready t  |  |                 |                       |                 |             |                                    | undercooked food<br>Highly Susceptible Populations               |               |     |  |
|  | approved alternate method prope<br>Adequate handwashing facilities                 |  |                 |                       | IN OUT N/O N/A  |             | Pasteurized                        | d foods used, prohibited foods                                   | not           |     |  |
|  | accessible   |  |                 | IN (                  | N TUC           | N/O N/A     | offered                            | •  |               |     |  |
| IN OUT   | Approved Sour<br>Food obtained from approved so                                    |  |                 | IN                    | OUT             | N/A         | Food additi                        | Chemical<br>ves: approved and properly us                        | sed           |     |  |
| IN OUT N/O N/A Food received at proper temperature   |  |  |                 |                       | IN OUT Tox      |             | Toxic subst                        | ances properly identified, stor                                  |               |     |  |
| IN OUT   | Food in good condition, safe and   | unadulterated  |                 | _                     |                 |             | used<br>Conforr                    | mance with Approved Procedu                                      | ires          |     |  |
| N OUT N/O N/A Required records available: shellstoo  |  |  |                 | IN                    | OUT             | N/A         | Compliance                         | e with approved Specialized P                                    |               |     |  |
|  | destruction<br>Protection from Conta   | mination   |                 |                       |                 |             | and HACCI                          | <sup>D</sup> plan  |               |     |  |
| IN OUT N/A   | Food separated and protected   |  |                 | The                   | letter to       | the left of | f each item in                     | dicates that item's status at th                                 | e time of the |     |  |
| IN OUT N/A   |  |  |                 | IN = in compliance    |                 |             |                                    | OUT = not in compliance  |               |     |  |
| IN OUT N/O   | Proper disposition of returned, pr   | eviously served,   |                 |                       | N/A :           | = not appl  | icable                             | N/O = not observed   |               |     |  |
| IN OUT N/O   | reconditioned, and unsafe food   |  |                 |                       |                 | =Correcte   | ed On Site                         | R=Repeat Item  |               |     |  |
|  | Good Retail Practices are preventa   |  | OD RETAI        |                       |                 | oaens. ch   | emicals, and                       | physical objects into foods.                                     |               | _   |  |
| IN OUT   | Safe Food and Water  |  | COS R           | IN                    | OUT             |             |                                    | ber Use of Utensils  | COS           | 6 R |  |
|  | urized eggs used where required<br>r and ice from approved source                  |  |                 |                       |                 |             | tensils: prope                     | erly stored<br>and linens: properly stored, dri                  | ed            | _   |  |
| Water  |  |  |                 |                       |                 | handled     | d                                  |  | -             |     |  |
| Adag   | Food Temperature Control<br>te equipment for temperature control                   |  |                 | _                     |                 |             | se/single-ser                      | vice articles: properly stored, u                                | used          | _   |  |
|  | oved thawing methods used  |  |                 |                       |                 | Gioves i    |                                    | Equipment and Vending  |               |     |  |
| Thermometers provided and accurate<br>Food Identification  |  |  |                 |                       |                 |             | d nonfood-co                       | ontact surfaces cleanable, prop                                  | perly         |     |  |
|  |  |  |                 |                       |                 |             | d, constructed<br>shing facilitie  | d, and used<br>s: installed, maintained, used;                   | test          | _   |  |
|  |  |  |                 |                       | strips us       | ed          |                                    |  |               |     |  |
| Food   | nation   |  |                 | Nonfood-contact sur   |                 |             | faces clean<br>Physical Facilities |  | _             |     |  |
| Insects, rodents, and animals not present<br>Contamination prevented during food prep<br>and display                   |  | t  |                 |                       |                 |             | cold water av                      | vailable; adequate pressure                                      |               |     |  |
|  |  | paration, storage  |                 | 1                     |                 | Plumbin     | g installed; p                     | roper backflow devices   |               |     |  |
| Perso  | onal cleanliness: clean outer clothing   | g, hair restraint,   |                 |                       |                 | Sewage      | and wastewa                        | ater properly disposed   |               | +   |  |
| fingernails and jewelry  |  |  |                 | _                     |                 | Toilet fo   | cilities: propo                    | rly constructed, supplied, clea                                  | ned           | +   |  |
|  | Wiping cloths: properly used and stored<br>Fruits and vegetables washed before use |  |                 |                       |                 | Garbage     | e/refuse prop                      | erly disposed; facilities mainta                                 |               |     |  |
| Wipin  |  |  |                 |                       |                 | Dhypipp     | facilities inst                    | alled maintained and clean                                       |               |     |  |
| Wipin<br>Fruits  | ×  |  |                 |                       |                 | Physica     |                                    | alled, maintained, and clean                                     |               |     |  |
| Wipin  |  | ~~   |                 |                       |                 | Physical    | Dat                                |  |               |     |  |
| Person in Charge /1  | ×  | ↓<br>↓   |                 | Felephor              | ne No.          | PHysical    | Dat<br>S No. Foll                  |  |               | No  |  |



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| STABLISHMENT NAME ADDRESS   |  |   |                  | PAGE 2 of             |                      |        |  |  |
|---|--|---|------------------|-----------------------|----------------------|--------|--|--|
| ABLISHMENT NAME   | ADDRESS  |   | CITY /ZIP        |                       |                      |        |  |  |
| FOOD PRODUCT/LOCATION   | TEMP. in ° F   | FOOD PRODU  | CT/ LOCATIO      | TEMP. i               | n°F                  |        |  |  |
|   |  |   |                  |                       |                      |        |  |  |
|   |  |   |                  |                       |                      |        |  |  |
|   |  |   |                  |                       |                      |        |  |  |
|   |  |   |                  |                       |                      |        |  |  |
| Code  | PRIORITY I   | TEMS  |                  |                       | Correct by           | Initia |  |  |
| eference Priority items contribute directly to th<br>or injury. These items MUST RECE | e elimination, prevention or reductior<br>IVE IMMEDIATE ACTION within 72   | to an acceptable level, hazar hours or as stated. | ds associated w  | ith foodborne illness | (date)               |        |  |  |
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|   |  |   |                  |                       |                      |        |  |  |
|   |  |   |                  |                       |                      |        |  |  |
| Code<br>eference Core items relate to general sanitation                              | CORE ITE<br>on, operational controls, facilities or s  | tructures, equipment design, q                    | general maintena | ance or sanitation    | Correct by<br>(date) | Initi  |  |  |
| standard operating procedures (SSC  | OPs). These items are to be correct  | ted by the next regular inspe                     | ection or as sta | ted.                  |                      |        |  |  |
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|   |  |   |                  |                       |                      |        |  |  |
|   | EDUCATION PROVI  | DED OR COMMENTS                                   |                  |                       |                      |        |  |  |
|   |  |   |                  |                       |                      |        |  |  |
|   |  |   |                  |                       |                      |        |  |  |
| son in Charge /Title:   | 1 🖌  |   | r                | )ate <sup>.</sup>     |                      |        |  |  |
| rson in Charge /Title: nrz<br>pector: lunc Mally Kath                                 | When the state of the second s | Telephone No.                                     |                  | Date:                 | Yes                  | 1      |  |  |