

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 PERIOD OF TIME AS MAY BE SPEWITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULE ESTABLISHMENT NAME: OWNER:															
ADDRESS:						ESTABLISHMENT NUMBER:			ER:	COUNTY:					
CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY :	Н	M	L			
ESTABLISHMENT	TYPE	C STORE CATE	RER DE			GROCERY STORE)	INI	STITLITION	MODILE	/ENDO	20	
BAKERY RESTAUF	RANT	C. STORE CATEI SCHOOL SENIC		MER F.F	٥.		AVER		<u> </u>		STITUTION MP.FOOD	MOBILE \	/ENDO	13	
PURPOSE Pre-openi	ng	Routine Follow-up	Complaint	Other											
FROZEN DESSERT SEWAGE DISPOSAL						TER SUPPLY COMMUNITY NON-COMMUNITY PRIVAT						_			
Approved License		approved Not Applicable	PUBLI PRIVA								pled	Results			_
License	NO		RISK FAC		ND	INTE	RVEN	TIONS							
		preparation practices and emplo	yee behaviors most cor	nmonly re	porte	ed to th	ne Cent	ters for Dis		ontrol	and Prevention as con	tributing fact	ors in		
Compliance	s outbre	eaks. Public health intervention Demonstration of		COS	ent fo					Po	otentially Hazardous F	oods	C	DS	R
IN OUT		Person in charge present, der				IN (IN OUT N/O N/A Proper co				ing, time and tempera				
		and performs duties Employee F	lealth					N/O N/A							
IN OUT		Management awareness; poli	cy present			IN (TUC	N/O N/A	N/A Proper cooling time and temperatures						
IN OUT		Proper use of reporting, restriction Good Hygienic		-				N/O N/A N/A			nolding temperatures holding temperatures				
IN OUT N/O	1	Proper eating, tasting, drinking					OUT OUT	N/O N/A			marking and disposition	on			_
IN OUT N/C)	No discharge from eyes, nose	and mouth					N/O N/A			ublic health control (pr	ocedures /			
		Preventing Contamin	ation by Hands						record	JS)	Consumer Advisory	1			
IN OUT N/O		Hands clean and properly was				IN	OUT	N/A	Consumer advisory provided for raw or						
IN OUT NO		No bare hand contact with rea	ady-to-eat foods or						undercooked food Highly Susceptible Populations			ations			_
IN OUT N/O	'	approved alternate method pr			-				Dooto	urizod	foods used prohibitor	d foods not			
IN OUT Adequate handwashing facilities supplied & accessible					IN (OUT	OUT N/O N/A Pasteurized foods used, prohibited foods no offered			10005 1101					
Approved Source IN OUT Food obtained from approved source					INI	OUT	N/A	Chemical A Food additives: approved and properly used							
IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature						OUT	IN/A			ances properly identific		d			
IN OUT Food in good condition, safe and unadulterated			+	-				used	onforn	nance with Approved F	Procedures				
IN OUT N/O N/A destruction					INI	OUT	N/A	Comp	liance	with approved Specia		s			
114 001 14/0) IN/A	destruction Protection from Co	ntamination	-	-	and HACCP plan									
IN OUT	N/A	Food separated and protected				The	letter t	o the left o	f each it	tem ind	dicates that item's state	us at the time	e of the		
IN OUT	N/A	Food-contact surfaces cleane	d & sanitized			insp	ection.	in compli	ance		OUT = not in complia	nce			
IN OUT N/C		Proper disposition of returned				1	N/A	= not app	licable		N/O = not observed	1100			
114 001 14/0		reconditioned, and unsafe foo		OOD RET	VII L			S=Correcte	ed On Si	ite	R=Repeat Item				_
		Good Retail Practices are prev						nogens, ch	emicals	, and r	ohysical objects into fo	ods.			
IN OUT		Safe Food and Wa	ter	COS	R	IN	OUT			Prop	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			
	Water							handled	ĺ		, , ,	, ,			
	Δαραι	Food Temperature Co late equipment for temperature							use/singl used pro		vice articles: properly s	tored, used		_	
		ved thawing methods used	CONTO						Uten	nsils, E	Equipment and Vending	g			
	Therm	nometers provided and accurate									ntact surfaces cleanab I, and used	le, properly			
		Food Identification	n					Warewa	ashing fa		s: installed, maintained	I, used; test			
	Food	properly labeled; original contain	ner			ł		Strips us		t surfa	aces clean				
	Prevention of Food Contamination								Physical Facilities						
Insects, rodents, and animals not present Contamination prevented during food preparation, storage										ailable; adequate pres oper backflow devices			+		
and display Personal cleanliness: clean outer clothing, hair restraint,					-					iter properly disposed			+		
fingernails and jewelry											1.1.				
		g cloths: properly used and store and vegetables washed before				-					ly constructed, supplied ty disposed; facilities				
										alled, maintained, and				_	
Person in Cha	arge /T	itle: Hepren July	/							Date	e:				
Inspector:	jayla .	itle: Stephen Yerle Brady Latelyn Peco	ul		Tel	lepho	ne No	PHE	S No.		ow-up: ow-up Date:	Yes		No	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

FOOD	FSTARI	ISHMENT	INSPECT	ION RF	PORT
			11101 E01		

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ESTABLISHMENT NAME		A	DDRESS			CITY/ZI	Р		
FOOD PRODUCT/LOCATION		TION	TEMP. in ° F FOOD PRODUCT/			JCT/ LOCAT	T/ LOCATION		n ° F
Code Reference	Priority items contribute or injury. These items	e directly to the elimin	ation, prevention or re	ORITY ITEMS eduction to an a ithin 72 hours o	cceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial
									S.
									32
									32
									سهر
Code Reference	Core items relate to ge standard operating pro-	neral sanitation, oper cedures (SSOPs). T I	ational controls, facilit	ORE ITEMS ties or structures corrected by the	s, equipment design, he next regular ins	general main	enance or sanitation stated.	Correct by (date)	Initial
									32
									32
									32
									38
			EDUCATION	PROVIDED O	R COMMENTS				
		_							
Person in Ch	narge /Title: Alenh	enspelo					Date:		
Inspector:	Jayla Brady	Latelyn Peo	our		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No



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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODU			TEMP. ir	ı°F	
Code		PRIOR	ITY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or redu /E IMMEDIATE ACTION with	uction to an acceptable level, haza in 72 hours or as stated.	rds associate	d with foodborne illness	(date)	miliai	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOI	n, operational controls, facilities	E ITEMS s or structures, equipment design, prrected by the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION PF	ROVIDED OR COMMENTS					
		4						
Person in Ch	Colored Street				Date:			
Inspector: Ayla Brady Katilyn Feccus			Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	

MO 580/1814 (9-13)

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