

## 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 F	ROUTINE	INSPE	CTION, OR SUCH SHORTER F	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REG	SULA	LITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:				OWNER:					<u> </u>	D OF	PERSON IN CHARGE:				
ADDRESS:					ESTABLISHMENT I				HMENT	NUMBE	R:	COUNTY:			
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATEREF RESTAURANT SCHOOL SENIOR (									RE INSTITUTION MOBILE VENDORS						
PURPO	OSE Pre-open	ing	Routine Follow-up	Complaint	Oth	ier									
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPOSAL PUBLIC WATER SUPPLY COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results						
	Licens	e No		PRIV						Date	Sam	pled Results	·		
Diel. (		6 1		RISK FAC						0-	-41	and Decomption on another time for			
			preparation practices and emplo eaks. <mark>Public health interventic</mark>								ntroi	and Prevention as contributing fac	tors in		
Compli	iance		Demonstration of		COS	S R	Co	mpliance	9	_		otentially Hazardous Foods	CC	DS R	
IN C	DUT		Person in charge present, demonstrates knowledge, and performs duties				IN	OUT	N/O N/A	Proper cooking, time and temperature					
			Employee Health				_		N/O N/A			eating procedures for hot holding			
	TUC		Management awareness; poli Proper use of reporting, restri				IN		N/O N/A						
IN (	DUT		Good Hygienic			+		OUT OUT	N/O N/A N/A					-	
IN C	OUT N/O	)	Proper eating, tasting, drinking						N/O N/A	/A Proper date marking and disposition					
IN C	OUT N/	С	No discharge from eyes, nose	e and mouth			IN	OUT	N/O N/A	record:		ublic health control (procedures /			
			Preventing Contamin									Consumer Advisory			
IN (	O/N TUC	)	Hands clean and properly washed				IN	OUT	N/A	Consu		advisory provided for raw or			
IN (	OUT N/0	)	No bare hand contact with ready-to-eat foods or									phly Susceptible Populations			
			approved alternate method properly followed  Adequate handwashing facilities supplied &			+	+	Pasteurized foods used to			foods used, prohibited foods not				
IN C	IN OUT		accessible				IN	OUT	offered						
IN (	DUT		Approved S Food obtained from approved			-	IN	OUT	N/A	Food a	additiv	Chemical ves: approved and properly used		_	
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT			Toxic substances properly identified, stored and used			nd		
IN C	IN OUT		Food in good condition, safe and unadulterated									nance with Approved Procedures			
IN C	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction				IN OUT N/A			Compliance with approved Specialized Process and HACCP plan					
			Protection from Co				┨								
IN C	IN OUT N/A		Food separated and protected					The letter to the left of each item indicates that item's status at the till inspection.					e of the		
IN C	IN OUT N/A		Food-contact surfaces cleaned & sanitized					IN = in compliance OUT = not in compliance							
IN (	IN OUT N/O		Proper disposition of returned, previously served, reconditioned, and unsafe food							plicable N/O = not observed ted On Site R=Repeat Item					
			, , , , , , , , , , , , , , , , , , , ,		OOD RE	TAIL	PRAC	ΓICES				·			
	OUT		Good Retail Practices are prev		ontrol the				nogens, ch				1 000		
IN	OUT	Paste	Safe Food and Wa urized eggs used where require		003	R	IN	OUT	In-use u	Proper Use of se utensils: properly stored		er Use of Utensils	cos	R	
			and ice from approved source	<u> </u>		1			Utensils	sils, equipment and linens: properly sto					
-			Food Temperature Co	ontrol					handled Single-		2_SEN	vice articles: properly stored, used		+	
			ate equipment for temperature							es used prop		d properly			
			ved thawing methods used					Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanab					_		
		mem	ometers provided and accurate	•						designed, constr					
			Food Identification	n						ewashing facilities: installed, maintained, used; test is used ifood-contact surfaces clean					
	<u> </u>	Food	properly labeled; original contain	ner			1							$\pm$	
			Prevention of Food Conta									ysical Facilities			
			s, rodents, and animals not pre- mination prevented during food				+					railable; adequate pressure oper backflow devices		+-	
	and display  Personal cleanliness: clean outer clothi fingernails and jewelry			, , ,											
				nıng, haır restraint,					· ·			vater properly disposed			
	Wiping cloths: properly used and stored							Toilet fa	t facilities: properly constructed, supplied, cleaned						
Fruits and vegetables was		and vegetables washed before	use			1					erly disposed; facilities maintained alled, maintained, and clean		+-		
Pers	on in Ch	arge /T	itle: Kau: U ka	- 101 .1		1	-	1	. nysica		Date		<u> </u>		
		- 	1400 7.400	edoper					1			.,			
inspe	ector:	La	then than			Ie	eepno	ne No.	EPH	S No.		ow-up: Yes ow-up Date:		No	



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

## FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TON	TEMP. i	TEMP. in ° F	
Code		PRIORITY	ITEMO			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction	on to an acceptable level, haza	ards associate	d with foodborne illness	(date)	IIIIIIai	
						`	KHB	
							10-	
						•	THB	
							of ye	
							1)04	
							KHB KHB	
							7)04	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT  , operational controls, facilities or  so These items are to be corre	structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
	standard operating procedures (000)	3). These items are to be corre	cted by the next regular map	dection or as	Stateu.		KYP	
							1)04	
						•	KLB	
							,,,,	
						•	MB	
							KYR	
		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	narge /Title: Kalu , J	Boeloher			Date:			
Inspector:	Kathan Peaul	BUTTOV /US >	Telephone No.	EPHS No.	Follow-up:	Yes	No	
	P 200 410 150000				Follow-up Date:			

MO 580-1814 (9-13)