

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 | CTION, OR SUCH SHORTER PE | RIOD OF TIME AS MA | AY BE SPE | CIFIED | IN WRIT | ING BY T | THE REG | ACILITIES WHICH MUST BE CORREULATORY AUTHORITY. FAILURE TO | | | |
|---|--|---|-----------------------|----------------|---|--|--|--|--------|-------|--|
| ESTABLISHMENT | OWNER: | | | <u>5541101</u> | | | PERSON IN CHARGE: | | | | |
| ADDRESS: | | EST | ESTABLISHMENT NUMBER: | | | R: COUNTY: | COUNTY: | | | | |
| CITY/ZIP: | PHONE: | PHONE: | | | | | P.H. PRIORITY : H | М | L | | |
| ESTABLISHMENT TYPE BAKERY RESTAURANT | C. STORE CATERE SCHOOL SENIOR | | l MER F.P. | | GROCEI AVERN | RY STOR | E | INSTITUTION MOBILE TEMP.FOOD | /ENDOF | RS | |
| PURPOSE Pre-opening | Routine Follow-up | Complaint | Other | | | | | | | | |
| FROZEN DESSERT Approved Disa | PUBLIC | WAGE DISPOSAL WATER SUPPLY PUBLIC COMMUNITY PRIVATE | | | | NON-COMMUNITY PRIVATE Date Sampled Results | | | | | |
| | | RISK FAC | | D INTE | RVENT | IONS | | | | | |
| Risk factors are food p | preparation practices and employe | e behaviors most com | monly repo | orted to the | ne Cente | ers for Dis | ease Cor | trol and Prevention as contributing fact | ors in | _ | |
| Compliance | eaks. Public health interventions Demonstration of Ki | | | | me llines | s or injury | /. | Potentially Hazardous Foods | CC | DS R | |
| IN OUT | Person in charge present, demo and performs duties | nstrates knowledge, | | IN | OUT N | I/O N/A | Proper | cooking, time and temperature | | | |
| IN1 | Employee Hea | | | | | I/O N/A | | reheating procedures for hot holding | | | |
| IN OUT IN OUT | Management awareness; policy Proper use of reporting, restriction | | | | | | | cooling time and temperatures | | | |
| IN OUT N/O | Good Hygienic Pr | actices | | IN | OUT | N/A | Proper | cold holding temperatures | | | |
| IN OUT N/O | Proper eating, tasting, drinking of No discharge from eyes, nose a | | | | <u>1 TUO</u> | | | date marking and disposition s a public health control (procedures / | | | |
| | Proventing Contaminati | on by Hands | | IIN | 001 1 | I/O N/A | records |) Consumer Advisory | | | |
| IN OUT N/O | Preventing Contamination by Hands /O Hands clean and properly washed | | | IN | OUT | N/A | | Consumer advisory provided for raw or undercooked food | | | |
| IN OUT N/O No bare hand contact with ready-t | | | | | | | underco | Highly Susceptible Populations | | | |
| IN OUT Adequate handwashing facilities su | | | | IN | | | Pasteur offered | ized foods used, prohibited foods not | | | |
| | accessible Approved Source | | | | ollered | | Ullereu | Chemical | | | |
| | | | | | Te | | | dditives: approved and properly used ubstances properly identified, stored ar | d | | |
| IN OUT N/O N/A | | | | IN | | | used | | u | | |
| IN OUT | Food in good condition, safe and unadulterated | | | | | | Conformance with Approved Procedures Compliance with approved Specialized Process | | | | |
| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction | | | IN | | | and HACCP plan | | | | |
| IN OUT N/A | Protection from Contamination Food separated and protected | | | The | e of the | | | | | | |
| IN OUT N/A | Food-contact surfaces cleaned & sanitized | | | insp | | | | | | | |
| IN OUT N/O Proper disposition of returned, previously served, | | | | | N/A = | in complia = not appl =Correcte | OUT = not in compliance N/O = not observed R=Repeat Item | | | | |
| | reconditioned, and unsafe food | | OD RETAI | L PRACI | | | | | | | |
| | Good Retail Practices are preven | tative measures to cor | ntrol the intr | oduction | of patho | ogens, ch | emicals, a | and physical objects into foods. | | | |
| IN OUT | Safe Food and Water urized eggs used where required | | COS R | IN | OUT | | | Proper Use of Utensils roperly stored | COS | R | |
| | r and ice from approved source | | | Utensil | | | | ent and linens: properly stored, dried, | | | |
| | Food Temperature Contro | | | | handled | | | d use/single-service articles: properly stored, used | | | |
| Adequ | Adequate equipment for temperature control | | | | | | used prop | perly | | | |
| Appro | | | _ | | Food on | Utensils, Equipment and Vending | | | | | |
| Therm | | | | | designe | od and nonfood-contact surfaces cleanable, properly signed, constructed, and used | | | | | |
| Food Identification | | | | | | Warewa strips us | ishing fac sed | | | | |
| Food | r ination | | | | Nonfood | d-contact surfaces clean | | | | | |
| Insect | | | | | Hot and | cold wate | Physical Facilities er available; adequate pressure | | | | |
| Insects, rodents, and animals not present Contamination prevented during food preparation, s | | | | | | | | d; proper backflow devices | | | |
| and display Personal cleanliness: clean outer clothing, hair restraint, | | | | | | Sewage | and was | tewater properly disposed | | | |
| fingernails and jewelry Wiping cloths: properly used and stored | | | | + | | Toilet fa | cilities: pr | operly constructed, supplied, cleaned | + | | |
| Fruits and vegetables washed before use | | | | | Garbage/refuse properly disposed; facilities maintained | | | | | | |
| Person in Charge /T | | | | | | Physica | | installed, maintained, and clean Date: | | | |
| r erson in Charge / I | Title: Can Show | | | | | | | | | | |
| Inspector: | | | Г | elepho | ne No. | PHE | | Follow-up: Yes Follow-up Date: | | No | |
| MO 580-1814 (9-13) | | DISTRIBUTION: WHITE - | OWNER'S CO | PY | (| CANARY - FI | | | | E6.37 | |



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| Marces | | | PAGE ² of | | | | |
|---|--|---|------------------------------------|--------------------------------|----------------------------|-------------------|---------|
| ESTABLISHMEN | TNAME | ADDRESS | | | | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | T/ LOCATI | NC | TEMP. ir | ٦°F | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Code Reference | Priority items contribute directly to the | PRIORITY ITEM PRIORITY ITEM e elimination, prevention or reduction to IVE IMMEDIATE ACTION within 72 hou | IS an acceptable level, hazard: | s associated | with foodborne illness | Correct by (date) | Initial |
| | or injury. These items most RECE | WE IMMEDIATE ACTION WITHIN 72 HOL | | | | | |
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| Code | | CORE ITEMS | | | | Correct by | Initial |
| Reference | Core items relate to general sanitation standard operating procedures (SSO | on, operational controls, facilities or struct Ps). These items are to be corrected | tures, equipment design, ge | eneral mainte ction or as s | nance or sanitation tated. | (date) | |
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| | | EDUCATION PROVIDE | D OR COMMENTS | | | | |
| | | | | | | | |
| Person in Ch | arge /Title: Cur Shre | | | | Date: | | |
| Inspector: Latay Prant Telephone No. PHES No. Follow-up: Follow-up Date: | | | | Follow-up: Follow-up Date: | Yes | No | |
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