

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	TIME OUT
DATE	PAGE 1 of

		CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF									AILURE TO (COMPL	Y
ESTABLISHMENT NAME: OWNER:										PERSON IN CHARGE:			
ADDRESS:						ESTABLISHMENT I			NUMBER:				
CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY :	Н	М	L	
ESTABLISHME BAKER		C. STORE CATE	RER DE	=1.1	•	(2POCE	RY STOR	F 1	INSTITUTION	MOBILE VE		3
RESTA				MMER I	F.P.		AVERN			EMP.FOOD	WODILL VI	LINDOIN	
PURPOSE Pre-ope	ning	Routine Follow-up	Complaint	Oth	er								
FROZEN D	ESSERT		SEWAGE DISPOS	SAL	WAT	ER S	UPPL	1					
Approved		approved Not Applicable	PUBL	_	(COMM	'TINUN	Y		MMUNITY mpled	PRIVATE Results		
Licen	se No		PRIVA RISK FAC		AND	INTFI	RVFN	TIONS					
Risk factors	are food r	preparation practices and emplo							ease Contro	ol and Prevention as contr	ibuting facto	rs in	
foodborne illn		eaks. Public health intervention		es to pre	event fo	odbor	ne illne	ss or injury		or and i revention de conti	ibating lacto		
Compliance		Demonstration of		COS	S R	Coi	mpliance	:		Potentially Hazardous Fo		COS	S R
IN OUT		Person in charge present, der and performs duties	monstrates knowledge,			IN (OUT I	N/O N/A	Proper co	oking, time and temperatu	ire		
		Employee H				IN (N/O N/A	•	heating procedures for ho			
IN OUT		Management awareness; poli				_		N/O N/A		oling time and temperatur t holding temperatures	es		
IN OUT		Proper use of reporting, restriction Good Hygienic				-	OUT OUT	N/O N/A N/A		t noiding temperatures Id holding temperatures			
IN OUT N	' O	Proper eating, tasting, drinking	g or tobacco use			-		N/O N/A	Proper da	te marking and disposition			
IN OUT N	/O	No discharge from eyes, nose	and mouth			IN (OUT I	N/O N/A	Time as a records)	public health control (pro-	cedures /		
		Preventing Contamin Hands clean and properly was							0	Consumer Advisory			
IN OUT N	0	,				IN	OUT	N/A	undercook				
IN OUT N	/O	No bare hand contact with rea approved alternate method pr							F	lighly Susceptible Populat	tions		
IN OUT		Adequate handwashing faciliti accessible	es supplied &			IN (OUT I	N/O N/A	Pasteurize offered	ed foods used, prohibited	foods not		
		Approved S	ource							Chemical			
IN OUT Food obtained from approved source					IN	OUT	N/A	N/A Food additives: approved and properly used Toxic substances properly identified, stored an					
IN OUT N	I/O N/A	Food received at proper temp	erature			IN	OUT		used	stances properly identified	i, stored and		
IN OUT		Food in good condition, safe a								rmance with Approved Pr			
IN OUT N/O N/A Required records available: shellstock tags, parasi destruction		nellstock tags, parasite			IN	OUT	N/A	Compliant and HACC	ce with approved Speciali: CP plan	zed Process			
		Protection from Co											•
IN OUT	N/A	Food separated and protected					letter to ection.	the left of	each item	indicates that item's status	s at the time	of the	
IN OUT	N/A	Food-contact surfaces cleane						= in compliance OUT = not in compliance N/O = not observed					
IN OUT N	/O	Proper disposition of returned reconditioned, and unsafe foo						OS=Corrected On Site R=Repeat Item					
				ood re									
IN OUT		Good Retail Practices are prevent		ontrol the	e introd	duction	of path	ogens, che			ds.	COS	R
IN OUT	Paste	Safe Food and War urized eggs used where require		003	K	IIN	001	In-use u		oper Use of Utensils perly stored		003	K
		and ice from approved source	<u> </u>					Utensils,		and linens: properly store	ed, dried,		
		Food Temperature Co	ontrol					handled	oo/oinglo oo	ervice articles: properly sto	arod upod		
	Adequ	late equipment for temperature				1			se/single-se ised proper		oreu, useu		
		ved thawing methods used								Equipment and Vending			
	Therm	nometers provided and accurate								contact surfaces cleanable	e, properly		
		Food Identification	n					Warewa	shing faciliti	ed, and used ies: installed, maintained,	used; test		
	Food	properly labeled; original contain	ner					strips us Nonfood		rfaces clean			
		Prevention of Food Conta	mination						F	Physical Facilities			
		nsects, rodents, and animals not present								available; adequate press	ure		
	Conta and di	mination prevented during food	preparation, storage					Plumbin	g installed;	proper backflow devices			
	Perso	nal cleanliness: clean outer clot	hing, hair restraint,					Sewage	and wastev	water properly disposed			
	Wining	nails and jewelry g cloths: properly used and store	ed			1		Toilet fa	cilities: nron	erly constructed, supplied	l. cleaned		
Fruits and vegetables washed before use								perly disposed; facilities m					
								Physical		stalled, maintained, and c	ean		
Person in C	harge /T	itle:	ે						Da	ate:			
Inspector:	17	1 paylor Bru	rdu		Te	lephoi	ne No.	EPH:		ollow-up: ollow-up Date:	Yes	N	10
MO 580-1814 (5-1	7 / 3)	- Junio C ()W	DISTRIBUTION: WHITE	– OWNER	I R'S COPY			CANARY - FI		mow-up Date.			E6.37

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



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FOOD PRODUCT/LOCATION TEMP, in *F FOOD PRODUCT/ LOCATION TEMP, in *F TEMP,	ESTABLISHMEN ⁻	Г NAME	ADDRESS		CITY/ZIF	D		
Priority tens contribute directly to the elementation, prevention or reduction for an acceptable level, in acceptable level	FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	ION	TEMP. ir	ı°F
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Code Core items relate to general sanitation, operational controls, fiscillate or structures, equipment design, general maintenance or sanitation Correct by Initial (cate)		Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reductio E IMMEDIATE ACTION within 72	n to an acceptable level, hazard Phours or as stated.	ds associate	d with foodborne illness	(date)	miliai
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Person in Charge /Title: Date: Inspector: Telephone No. EPHS No. Follow-up: Yes No. Yes No. Yes No. Telephone No. T		Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or s	structures, equipment design, ge	eneral maint	enance or sanitation stated.	Correct by (date)	Initial
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Inspector: Telephone No. EPHS No. Follow-up: Yes No.								
	Person in Ch	arge /Title:				Date:		
Follow-up Date:	Inspector:	Chin [Z. L paylor	Brady	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No



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ESTABLISHMENT NAME		ADDRESS		CITY /ZIP	CITY/ZIP			
FOC	FOOD PRODUCT/LOCATION TEMP in ° F FOOD PRODUCT/ LOCATION				ON	TEMP. in ° F		
	FOOD PRODUCT/LOCATION TEMP. in ° F FOOD PRODUCT/ LOCATION							
Code		PRIORIT	Y ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduct /E IMMEDIATE ACTION within	ction to an acceptable level, hazards a 72 hours or as stated.	associated	I with foodborne illness	(date)		
Code Reference	Core items relate to general sanitation	CORE	ITEMS or structures, equipment design, ger	neral mainte	enance or sanitation	Correct by (date)	Initial	
11010101100	standard operating procedures (SSOF	Ps). These items are to be cor	rected by the next regular inspec	tion or as s	stated.	(44.6)	.0	
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		EDUCATION PRO	OVIDED OR COMMENTS					
Person in Ch	arge /Title:	20			Date:			
Inspector:	11. 17.1 Mula	Brady.	Telephone No. E	PHS No.	Follow-up: Follow-up Date:	Yes	No	
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FOO	OD PRODUCT/LOCATION	TEMP. in ° F FOOD PRODUCT/			LOCATION		۱° F	
Code		PRIORITY I	TEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an acceptable level, hazard 2 hours or as stated.	ls associated	d with foodborne illness	(date)		
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