

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

TIME IN	TIME OUT
DATE	PAGE 1 of

WITH AN		LIMITS	CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF IAME:										COMPL	Y	
ADDRESS:					ESTABLISHMENT NUMBER: COUNTY:										
CITY/Z	ZIP:			PHONE:			FAX:				P.H. PRIORITY :	Н	М	L	
B	ISHMENT AKERY		C. STORE CATE		ELI GROCERY STOF							'ENDOR	S		
PURPOS	ESTAUF SE	RANI	SCHOOL SENIC	R CENTER SU	MMER I	P.	I.	AVERN		I	EMP.FOOD				
	re-openi	ng	Routine Follow-up	Complaint	Oth	er									
	EN DES			SEWAGE DISPOS	SAL	WAT	ER SI	JPPLY	′						
Appr	roved	Disa	approved Not Applicable	PUBL	(COMMUNITY			NON-COMMUNITY PRIVATE						
	License	No		PRIVA	RIVATE					Date Sampled Results					
			<u>-</u>	RISK FAC	CTORS	AND	INTE	RVENT	TIONS						
Risk fa	ctors ar	e food p	reparation practices and emplo	yee behaviors most co	mmonly	reporte	ed to th	e Cent	ers for Dis	ease Contro	ol and Prevention as cont	ributing facto	ors in		
		s outbre	eaks. Public health intervention												
Compliar	nce		Demonstration of		COS	R	Cor	npliance			Potentially Hazardous Fo		COS	S R	
IN O	JT		Person in charge present, der and performs duties	nonstrates knowledge,	je, IN OI				N/O N/A	Proper cod	oking, time and temperat	ure			
			Employee H	lealth			IN (1 TUC	N/O N/A	Proper re	heating procedures for h	ot holding			
IN O			Management awareness; poli				_		N/O N/A		oling time and temperatu	res			
IN O	JT		Proper use of reporting, restriction Good Hygienic				IN (N/O N/A N/A		t holding temperatures d holding temperatures			_	
IN OL	JT N/O		Proper eating, tasting, drinking					<u>OUT</u> OUT	N/O N/A		te marking and disposition	n	_		
IN OL	JT N/C)	No discharge from eyes, nose	and mouth					N/O N/A	Time as a	public health control (pro				
			Preventing Contamin	ation by Handa					1071	records)	Consumer Advisory		_	_	
IN 01	IT N/O		Hands clean and properly was					OUT	N1/A	Consumer	advisory provided for ra		_		
	No hard hand contact with r				-		IN	OUT	N/A	undercook	ercooked food Highly Susceptible Populations				
IN O	JT N/O		approved alternate method pr	operly followed											
IN O	JT		Adequate handwashing facilit accessible	es supplied &			IN OUT N/O N/A			Pasteurized foods used, prohibited foods not offered					
			Approved S	ource					Chemical						
IN OUT Food obtained from approve			source							tives: approved and prop					
IN OUT N/O N/A Food received at proper tem			Food received at proper temp	erature			IN (OUT			Toxic substances properly identified, stored and used				
IN OUT Food in good condition, safe			and unadulterated						Conformance with Approved Procedures						
Required records available:		hellstock tags, parasite			IN OUT N/A		NI/Λ		ce with approved Special		3				
IN OUT N/O N/A destruction			· L. · · · · · · · · · · · · · ·				and HACCP plan								
01	ıT		Protection from Co				Tho	lottor to	the left of	f oach itom i	ndicates that item's state	is at the time	of the		
111 551 11///				=od				ine ien o	of each item indicates that item's status at the time of the						
IN O	JT	N/A	Food-contact surfaces cleane	d & sanitized		IN = in compliar									
IN O	UT N/O)	Proper disposition of returned reconditioned, and unsafe for				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
			reconditioned, and unsale loo		OOD RE	-TΔII F	PRACT		Correcte	on one	TO TOPOUT HOM				
			Good Retail Practices are prev						ogens, ch	emicals, and	d physical objects into for	ods.			
IN	OUT		Safe Food and Wa		COS	R	IN	OUT			per Use of Utensils		COS	R	
			urized eggs used where require	d						use utensils: properly stored					
		vvater	and ice from approved source						handled	Itensils, equipment and linens: properly stored		ea, ariea,			
			Food Temperature Co						Single-u	se/single-se	ervice articles: properly st				
			ate equipment for temperature	control					Gloves	used properl					
			ved thawing methods used cometers provided and accurate	1					Food an		Equipment and Vending contact surfaces cleanable		1	+	
			•						designe	nd nonfood-contact surfaces cleanable, properly ed, constructed, and used					
			Food Identification	n				Warewa		ashing facilities: installed, maintained, used; test					
		Food	properly labeled; original contain	ner					strips us	sed d-contact surfaces clean			+		
		. 00u	Prevention of Food Conta						110111000	Physical Facilities					
			s, rodents, and animals not pre	sent						nd cold water available; adequate pressure					
		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	vater properly disposed		1		
		fingernails and jewelry Wiping cloths: properly used and stored							Toilet fa	Foilet facilities: properly constructed, supplied, cleaned			+	+	
	Fruits and vegetables washed before use									perly disposed; facilities		1	1		
								stalled, maintained, and							
Persor	n in Cha	arge /T	itle: Enilla CautA							Da	ite:				
Inspec	tor:	1 4	la Brader			Te	lephor	ne No.	EPH		llow-up:	Yes	N	No	
MO 500 1	014 (0.10)	<u> </u>	WC WAAAY	DICTDIDUTION	Olame	No com:			CANADY		llow-up Date:			F0.0=	
IVI∪ 580-1	814 (9-13)			DISTRIBUTION: WHITE	- OWNER	(S COPY			CANARY – FI	LE COPY				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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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
Code		PRIORITY	/ 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	ion to an acceptable level, haza 72 hours or as stated.	ards associate	d with foodborne illness	(date)	IIIIIIai	
0.1						2 11		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE I , operational controls, facilities o s). These items are to be corr	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
							EJ	
							EJ	
							EJ	
							EJ	
							EJ	
							25	
		EDUCATION PRO	VIDED OR COMMENTS					
Person in Ch	narge /Title: Eviny Jud				Date:			
Inspector:	jayla Bang		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	



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Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT a, operational controls, facilities or second cs). These items are to be correct	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION PROV	TIDED OR COMMENTS				TO TO TO	
Person in Ch	narge /Title: Enity Guth				Date:			
Inspector:	Jaya Bady		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	