

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

TIME IN TIME OUT
DATE PAGE 1 of

| BASED ON AN INSPECTION THIS I NEXT ROUTINE INSPECTION, OR | SUCH SHORTER PE | ERIOD OF TIME AS M | AY BE SPEC | SIFIED | IN WRI | TING BY 1 | THE REGULA | TORY AUTHORITY. F | | | |
|--|--|--|----------------------|--------------------|--|---|---|---|----------------|----------|-------|
| ESTABLISHMENT NAME: | OWNER: | IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR F OWNER: | | | | | PERSON IN CHARGE: | | | | |
| ADDRESS: | | | ESTABLISHMENT NUMBER | | | NUMBER: | COUNTY: | | | | |
| CITY/ZIP: | PHONE: | PHONE: | | | | | P.H. PRIORITY : | Н | М | L | |
| ESTABLISHMENT TYPE BAKERY C. ST RESTAURANT SCHO | | | .I IMER F.P. | | GROCE | ERY STOR | | NSTITUTION EMP.FOOD | MOBILE V | ENDOR: | S |
| PURPOSE Pre-opening Routir | ne Follow-up | Complaint | Other | | | | | | | | |
| FROZEN DESSERT Approved Disapproved License No. | SEWAGE DISPOS | IC COMMUNITY | | | | NON-COMMUNITY PRIVATE Date Sampled Results | | | | | |
| | | RISK FAC | |) INTE | RVEN | TIONS | | | | | |
| Risk factors are food preparation p foodborne illness outbreaks. Public | | | | | | | | and Prevention as contr | ributing facto | ors in | |
| Compliance | Demonstration of K | | | | mpliance | | - | Potentially Hazardous Fo | ods | COS | S R |
| | Person in charge present, demonstrates knowledge, and performs duties | | | IN OUT N/O N/A | | | Proper cooking, time and temperature | | ure | | |
| IN OUT Managem | Employee He ent awareness; polic | | | | | N/O N/A N/O N/A | | heating procedures for hot holding oling time and temperatures | | | |
| | e of reporting, restrict | tion and exclusion | | IN | OUT | N/O N/A | Proper hot | holding temperatures | | | |
| | Good Hygienic P ting, tasting, drinking | or tobacco use | | | OUT OUT | N/A N/O N/A | Proper date | I holding temperatures e marking and disposition | | | |
| IN OUT N/O No discha | rge from eyes, nose | and mouth | | IN | OUT | N/O N/A | Time as a p records) | public health control (pro | cedures / | | |
| Handa ala | reventing Contamina an and properly wash | | | | OUT | N1/A | Consumer | Consumer Advisory advisory provided for ray | w or | | |
| No bare band contact with ready | | | | | | undercooke | undercooked food Highly Susceptible Populations | | | | |
| approved alternate method prop | | perly followed | | Daste | | | d foods used, prohibited | | | | |
| IN OUT Adequate accessible | 9 | •• | | IN | OUT | N/O N/A | offered | | 1000S HOL | | |
| IN OUT Food obta | Approved So ained from approved s | | - | IN | OUT | N/A | Food additi | Chemical ves: approved and prope | erly used | | |
| IN OUT N/O N/A Food received at proper temperatu | | | | | | | | tances properly identified | | d | |
| Required | ood condition, safe ar records available: she | nd unadulterated ellstock tags, parasite | | | Conformance with Approved Procedures Compliance with approved Specialized Process | | | 5 | | | |
| IN OUT N/O N/A destruction | | 0,1 | | | | | and HACCP plan | | | | |
| IN OUT N/A Food sepa | arated and protected | lamination | | | | | f each item ir | ndicates that item's statu | s at the time | e of the | |
| IN OUT N/A Food-cont | | | | IN = in compliance | | | | OUT = not in compliance | | | |
| IN OUT N/O Proper disposition of returned, prev reconditioned, and unsafe food | | | | | | | | N/O = not observed | | | |
| Teconditio | ned, and unsale lood | | OD RETAIL | PRACT | | 0011000 | | | | | |
| | | | ntrol the intro | oduction IN | of path OUT | hogens, ch | | physical objects into foo | ods. | COS | R |
| Pasteurized eggs | Pasteurized eggs used where required Water and ice from approved source Food Temperature Control | | | | | | e-use/single-service articles: properly stored, used | | | | |
| | | | | | | | | | | | - |
| Approved thawing | Adequate equipment for temperature control Approved thawing methods used | | | | | | used properly Utensils, Equipment and Vending | | | | |
| Thermometers pro | Thermometers provided and accurate | | | | | | nd nonfood-contact surfaces cleanable, properl ed, constructed, and used | | | | |
| Food Identification | | | | | | Warewa strips us | ewashing facilities: installed, maintained, used; te | | | | |
| Food properly labeled; original container Prevention of Food Contamination | | | | | | | d-contact surfaces clean | | | | |
| Insects, rodents, and animals not present | | ent | | | | | Physical Facilities d cold water available; adequate pressure | | | | |
| Contamination prevented during food preparation, storage and display | | preparation, storage | | | | Plumbir | Plumbing installed; proper backflow devices | | | | |
| Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | | Sewage | and wastew | ater properly disposed | | | 1 | |
| Wiping cloths: properly used and stored | | | | | | | facilities: properly constructed, supplied, cleaned | | | | |
| Fruits and vegetables washed before use | | | | - | | Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean | | | | | |
| Person in Charge /Title: | with the fatter | L. L | • | - | • | | Dat | | | | |
| Inspector: | | | Te | elepho | ne No | . EPH | | low-up: | Yes | ١ | No |
| "Wann + " | (anase) | DISTRIBUTION: WHITE - | - OWNER'S COP | Ŷ | | CANARY – F | | low-up Date: | | | E6.37 |



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| F | OOD ESTABLISHMENT IN | | PAGE ² of | | | | |
|-----------------------|---|--|---|------------------------|-------------------------------|-------------------|---------|
| ESTABLISHMEN | TNAME | ADDRESS | | CITY /ZIP | | | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODU | FOOD PRODUCT/ LOCATION | | | n ° F |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | r | | | | | | |
| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEIN | PRIORITY IT elimination, prevention or reduction /E IMMEDIATE ACTION within 72 | FEMS I to an acceptable level, haza hours or as stated. | rds associated | with foodborne illness | Correct by (date) | Initial |
| | | | | | | | Ø |
| Code Reference | Core items relate to general sanitation standard operating procedures (SSOF | CORE ITE , operational controls, facilities or st 2s). These items are to be correct | tructures, equipment design, | general mainte | nance or sanitation | Correct by (date) | Initial |
| | | | | | | | Ø |
| | | | | | | | Ø |
| | | | | | | | Ø |
| | | | | | | | Ø |
| | | | DED OR COMMENTS | | | | |
| | | | | | | | |
| | | - | | | D / | | |
| Person in Ch | harge /Title: | | | | Date: | | |
| Inspector: | Main Flores | | Telephone No. | | Follow-up: Follow-up Date: | Yes | No |
| MO 580-1814 (9-13 | | DISTRIBUTION: WHITE - OWNER'S COP | Y CANARY – FILE C | UPY | | | E6.37A |