

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS M. WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE N ESTABLISHMENT NAME: OWNER:														
ADDRESS:					ESTABLISHMENT NUMBER:				ER:	COUNTY:				
CITY/ZIP:			PHONE:			FAX:					P.H. PRIORITY :	Н	М	L
			ELI IMMER I	F.P.				MOBILE V	ENDOR	S				
PURPOSE Pre-open		Routine Follow-up			ner									
FROZEN DE Approved		approved Not Applicable	SEWAGE DISPO				JPPLY		NON-	COM	MUNITY	PRIVATE		
License No PRIV				ATE						pled	Results			
		•	RISK FA	CTORS	AND	INTE	RVENT	TIONS						
		preparation practices and emplo eaks. Public health interventic								ontrol a	and Prevention as cont	tributing facto	rs in	
Compliance	oo oatbi	Demonstration of		COS						Po	otentially Hazardous Fo	oods	COS	S R
IN OUT Person in charge presonand performs duties			monstrates knowledge,			IN OUT IN/O IN/A			Proper cooking, time and temperature					
IN OUT		Employee H						N/O N/A					+	
IN OUT		Management awareness; poli Proper use of reporting, restri Good Hygienic	ction and exclusion			IN	OUT	N/O N/A N/O N/A N/A	N/A Proper hot holding temperatures					
IN OUT N/C)	Proper eating, tasting, drinking					<u>OUT</u> OUT	N/O N/A			marking and disposition	n	_	
IN OUT N/C	0	No discharge from eyes, nose				IN (N OUT N/O N/A			as a pi ds)	ublic health control (pro			
IN OUT NIC		Preventing Contamin Hands clean and properly was					OUT	LIT NUA Consur			Consumer Advisory r advisory provided for raw or			
IN OUT N/C			No bare hand contact with ready-to-eat foods or				N/A		cooke	d food hly Susceptible Popula		_		
	approved alternate method properly for						Destau			urizod	foods used, prohibited	I foods not		
accessible					IN OUT N/O N/A offered									
Approved Source IN OUT Food obtained from approved source						IN	OUT	N/A	Chemical N/A Food additives: approved and properly used			erly used	_	
IN OUT N/O N/A Food received at proper temperature									ances properly identifie		ī			
			n good condition, safe and unadulterated ed records available: shellstock tags, parasite				OUT	Compliance with approved Specialized Pro						
IN OUT N/O N/A destruction					IN	OUT	N/A		IACCP					
Protection from Contamination IN OUT N/A Food separated and protected					The	letter to	the left o	f each it	tem ind	dicates that item's statu	us at the time	of the		
IN OUT N/A Food-contact surfaces cleaned & sar		d & sanitized			inspection. IN = in compliance					OUT = not in compliar	nce			
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food					N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item									
				OOD RE										
IN OUT		Good Retail Practices are previous Safe Food and Wa		ontrol th	e introd	luction	of path	ogens, ch	emicals		ohysical objects into foo er Use of Utensils	ods.	cos	R
	Paste	urized eggs used where require		000	1		001	In-use u	e utensils: properly stored				000	1
	Water	and ice from approved source						handled						
	Adeau	Food Temperature Control uate equipment for temperature control						Single-u Gloves i			vice articles: properly st	tored, used	-	
		ved thawing methods used	CONTROL					Ciovos			quipment and Vending			
	Therm	nometers provided and accurate									ntact surfaces cleanabl	le, properly		
		Food Identification	n						signed, constructed, and used arewashing facilities: installed, maintained, used; test ips used					
	Food	properly labeled; original contain						Nonfood	od-contact si					
	Insect	Prevention of Food Conta s, rodents, and animals not pre-						Hot and	Physical Facilities and cold water available; adequate pressure			sure	╄	
	Conta	ntamination prevented during food preparation, storag				t			mbing installed; proper backflow devices					1
		nal cleanliness: clean outer clot	hing, hair restraint,					Sewage	age and wastewater properly disposed					
		ngernails and jewelry /iping cloths: properly used and stored						Toilet fa	pilet facilities: properly constructed, supplied, cleaned				 	1
		and vegetables washed before						Garbage	ge/refuse properly disposed; facilities maintained					
Person in Ch	l arge /T	itle: 0 · lat	-					Pnysical	racilitie	s insta Date	alled, maintained, and o	ciean		<u> </u>
		Kappy hat the			I			T =						
Inspector: _	Ma	in Thomas				•	ne No.		S No.		ow-up: ow-up Date:	Yes		۷o
MO 580-1814 (9-13)			DISTRIBUTION: WHIT	E – OWNER	R'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



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN [®]	T NAME	ADDRESS		CITY/ZII	CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the	PRIORITY elimination prevention or reduction	ITEMS	ırds associate	d with foodborne illness	Correct by (date)	Initial	
recipion	Priority items contribute directly to the or injury. These items MUST RECEIV	E IMMEDIATE ACTION within 7	2 hours or as stated.	Tao docoolato	a with recase in a minese	(dato)		
Code		CORE IT	FMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	operational controls, facilities or	structures, equipment design.	general maint	enance or sanitation stated.	(date)	IIIIII	
							100	
							~	
							©	
							(C)	
							4-	
		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	arge /Title:				Date:			
Inspector:	1 1		Telephone No.	EPHS No.	Follow-up:	Yes	No	
•	Main T Honeso				Follow-up Date:			