

## 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 PER	RIOD OF TIME AS M	AY BE S	SPECI	FIED I	N WRIT	TING BY T	HE REGUL	CILITIES WHICH MUST BE CORRE ATORY AUTHORITY. FAILURE TO			
ESTABLISHMENT	OWNER:	IN THIS NOTICE MAY RESULT IN CESSATION OF YOU OWNER:						PERSON IN CHARGE:				
ADDRESS:		<u> </u>			ABLIS	HMENT	NUMBER:	COUNTY:				
CITY/ZIP:		PHONE:	PHONE:			FAX:			P.H. PRIORITY : H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		LI /IMER F	.P.		GROCE	RY STOR		INSTITUTION MOBILE	ENDOR	S	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Othe	er								
FROZEN DESSERT Approved Disapproved Not Applicable License No. PRIV			C COMMUNITY NON-CO						MMUNITY PRIVATE			
		RISK FAC		AND	INTE	RVENT	FIONS					
	preparation practices and employee eaks. Public health interventions								ol and Prevention as contributing fac	ors in		
Compliance	Demonstration of Kn		COS			npliance	, ,		Potentially Hazardous Foods	COS	S F	
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,			IN (	N TUC	N/O N/A	Proper co	oking, time and temperature			
	Employee Hea				IN (		N/O N/A		heating procedures for hot holding			
IN OUT	Management awareness; policy Proper use of reporting, restriction			_	IN OUT N/O N/A				Proper cooling time and temperatures Proper hot holding temperatures			
	Good Hygienic Pra	actices			IN OUT N/A			Proper co	Proper cold holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose a								te marking and disposition public health control (procedures /			
	Preventing Contamination	on by Hands		_		501 1	N/U IN/A	records)	Consumer Advisory			
IN OUT N/O	Handa alaan and properly weeked				IN OUT N/A		N/A		Consumer advisory provided for raw or undercooked food			
IN OUT N/O	OUT N/O No bare hand contact with ready- approved alternate method prope							F				
IN OUT								Pasteurize offered	ed foods used, prohibited foods not			
	Approved Sou						N1/A	E	Chemical			
IN OUT Food obtained from approved sour IN OUT N/O N/A Food received at proper temperatu				-				Food additives: approved and properly used Foxic substances properly identified, stored and				
				_	used				rmance with Approved Procedures	-		
IN OUT N/O N/A	Required records available: shellstock ta				IN OUT N/A Complia			Compliand	ce with approved Specialized Proces	s		
	destruction Protection from Conta	amination		_				and HACC	CP plan			
IN OUT N/A	Food separated and protected						the left of	f each item i	indicates that item's status at the tim	e of the		
IN OUT N/A	N/A Food-contact surfaces cleaned & sanitized				insp	inspection. IN = in compliance			OUT = not in compliance			
IN OUT N/O	Proper disposition of returned, p reconditioned, and unsafe food						= not appl =Correcte	icable d On Site	N/O = not observed R=Repeat Item			
	reconditioned, and unsale lood		DOD RE	TAIL F	PRACT	ICES						
IN OUT	Good Retail Practices are prevent	ative measures to co	ntrol the COS		uction IN	of path OUT	ogens, ch			COS	R	
	Safe Food and Water urized eggs used where required		005	R	IIN	001	In-use u	tensils: prop	oper Use of Utensils perly stored	COS	ĸ	
Water	and ice from approved source						Utensils handled		and linens: properly stored, dried,			
	Food Temperature Cont			-			Single-u	use/single-service articles: properly stored, use				
	uate equipment for temperature conved thawing methods used	equipment for temperature control					Gloves	used proper	ly Equipment and Vending			
Thermometers provided and accurate								Food and nonfood-contact surfaces cleanable, prope				
	Food Identification						designe Warewa	d, constructe Ishing faciliti	ed, and used les: installed, maintained, used; test			
Food	proporty labolad: original container						strips used Nonfood-contact s		face deep		-	
Food properly labeled; original container Prevention of Food Contami Insects, rodents, and animals not preser Contamination prevented during food pre-		nation			Hot and cold wat				Physical Facilities			
									available; adequate pressure			
and d	isplay					Plumbing installed; p			•			
	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed     Toilet facilities: properly constructed, supplied, clear     Garbage/refuse properly disposed; facilities maintai     Physical facilities installed, maintained, and clean			vater properly disposed			
Inspector:     Willing cloths: properly used and stored       Person in Charge /Title:     Paula Willia       Inspector:     MULLIA       MO 580-1814 (9-73)     DISTRIBUTION: WHITE -											1	
											+	
Person in Charge /1							, , , , , , , , , , , , , , , , , , , ,		ate:			
	June Ville	D		-								
Inspector:	Bradily			Tel	ephoi	ne No.	EPH		Ilow-up: Yes Ilow-up Date:	١	No	



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F	OOD ESTABLISHMENT IN	ISPECTION REPORT			PAGE <sup>2</sup> of		
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	CT/ LOCATIO	N	TEMP. i	in ° F	
Code		PRIORITY IT	EMS		ith foodlesses illesses	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	hours or as stated.	as associated v	lith tooddorne illness	(date)	
							Ри Ри
							P
							n
							PW
							₽w
Code Reference	Core items relate to general sanitation	CORE ITE , operational controls, facilities or st		eneral mainten	ance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOF	os). These items are to be correct	ed by the next regular inspe	ection or as sta	ited.		
							PW
							PW
							PW
							$\wp$
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							PW
							PW
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	harge /Title:			] [	Date:		
Inspector:	harge /Title: (Jasla)	VILLO	Telephone No.	EPHS No. F	Follow-up:	Yes	No
	YUUMOT SMOUNY			F	ollow-up Date:		