

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 F	ROUTINE	INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	OD OF TIME AS I	MAY BE	SPEC	IFIED I	N WRI	TING BY 1	THE REGULA	ATORY AUTHORITY. F			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN TI ESTABLISHMENT NAME: OV				OWNER:						PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT NUMB				NUMBER:	COUNTY:			
CITY/ZIP: PHONE:						FAX:				P.H. PRIORITY :	Н	М	L	
1											INSTITUTION MOBILE VENDORS TEMP.FOOD			
PURPO	OSE Pre-openi	ng	Routine Follow-up	Complaint	Oth	ner								
	ZEN DE proved License		DISPOSAL WATER SUPPLY PUBLIC COMMUNITY PRIVATE					NON-COMMUNITY PRIVATE Date Sampled Results						
-				RISK FA	CTORS	AND	INTE	RVEN	TIONS					
			preparation practices and employee eaks. Public health interventions								and Prevention as con	tributing fac	ctors in	
Compli			Demonstration of Knowledge Person in charge present, demonstrates knowledge,			B R	Compliance		Potentially Hazardous Foods			CO	OS R	
IN C	DUT		and performs duties				IN OUT N/O N/A							
IN (JUT		Employee Hea Management awareness; policy			-	IN OUT N/O N/A IN OUT N/O N/A			Proper reheating procedures for hot holding Proper cooling time and temperatures				
IN (TUC		Proper use of reporting, restrictio Good Hygienic Pra								t holding temperatures			
IN C	NOUT N/O Proper eating, tasting, drinking or t			tobacco use					N/O N/A	Proper date	e marking and disposition			
IN C	DUT N/C)	No discharge from eyes, nose and mouth				IN OUT N/O N/A		Time as a public health control (procedures / records)					
IN (OUT N/O Hands clean and properly washed						IN	OUT	N/A	Consumer undercooke	Consumer Advisory advisory provided for raw or			
IN OUT N/O)	No bare hand contact with ready-to-eat foods or approved alternate method properly followed							Highly Susceptible Populations				
IN C	DUT		Adequate handwashing facilities supplied & accessible							Pasteurized offered				
IN C	DUT		Approved Source Food obtained from approved source				IN OUT N/A Foo			Eood additi	Chemical Iditives: approved and properly used			
			Food received at proper temperature				IN OUT		Toxic substances properly identified, stored and					
IN C	IN OUT IN OUT N/O N/A		Food in good condition, safe and unadulterated						Used Conformance with Approved Procedures					
IN C			Required records available: shellstock tags, parasite destruction				IN OUT N/A Compliance with and HACCP pla			e with approved Specia	lized Proce	SS		
			Protection from Conta	mination							•			
	IN OUT N/A		Food separated and protected				The letter to the left of each item indicates that item's status at the ti inspection.					us at the tin	ne of the	
			Food-contact surfaces cleaned & sanitized Proper disposition of returned, previously served,				-	IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item						
		,	reconditioned, and unsafe food				PRACI		S=Correcte	ed On Site	R=Repeat Item		_	_
			Good Retail Practices are prevent		ontrol th	e intro	duction	of path	logens, ch			ods.		
IN	OUT	Paste	Safe Food and Water urized eggs used where required and ice from approved source Food Temperature Control late equipment for temperature control ved thawing methods used		COS	R			In-use utensils: prope Utensils, equipment a handled Single-use/single-ser Gloves used properly		and linens: properly stored, dried, ervice articles: properly stored, used		COS	R
Foo			nometers provided and accurate							Utensils, Equipment and Vending od and nonfood-contact surfaces cleanable, properly				
			Food Identification							gned, constructed, and used ewashing facilities: installed, maintained, used; te:				
		Food	I properly labeled; original container Prevention of Food Contamination				-		strips us	trips used				
								Physical Facilities			hysical Facilities			
			s, rodents, and animals not presen mination prevented during food pre				Hot and cold water available; adequat Plumbing installed; proper backflow d							
and d			splay										_	_
		finger	nal cleanliness: clean outer clothing, hair restraint, nails and jewelry						Ĵ	age and wastewater properly disposed				
Wiping cloths: properly used and stored Fruits and vegetables washed before use			9					Garbag	et facilities: properly constructed, supplied, cleaned bage/refuse properly disposed; facilities maintained sical facilities installed, maintained, and clean					
Perso	on in Ch	arge /T			1	<u> </u>	<u> </u>	<u> </u>	Physica	Dat		uean		
Inspe	ector:		- yvoym	\smile		To	lenho	ne No.	EDU	IS No. Fol	low-up:	Yes		No
	L L	ML	in Florence				•			Fol	low-up. low-up Date:	100		
MO 580	-1814 (9-13)			DISTRIBUTION: WHIT	E – OWNER	₹'S COPY	(CANARY – F	ILE COPY				E6.37



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ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	PRODUCT/ LOCATION			n°F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY e elimination, prevention or reductio	ITEMS on to an acceptable level, hazards	s associated with	foodborne illness	Correct by (date)	Initial
							JA JA
Code Reference	Core items relate to general sanitatio standard operating procedures (SSO	CORE IT n, operational controls, facilities or Ps). These items are to be corre	structures, equipment design, ge	eneral maintenanc	e or sanitation	Correct by (date)	Initial
							Q.A
							AP
							ΛA
							AA
		EDUCATION PROV	IDED OR COMMENTS				
Person in Ch	large / I Itie:	hr	T-1	Date EPHS No. Follo		Vaa	N1 -
Inspector: MO 580-1814 (9-13)	Manis Filmas	> DISTRIBUTION: WHITE - OWNER'S CC		Foll	ow-up: ow-up Date:	Yes	No E6.37A
10 200-1014 (8-13)		DISTRIBUTION. WHITE - OWNER'S CO	CANART - FILE COP				L0.37A

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