

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	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	ULATORY AUTHORITY				
ESTABLISHMENT		OWNER:			55A1101				PERSON IN CHARGE:			
ADDRESS:	•	EST	ESTABLISHMENT NUMBER:			R: COUNTY:	COUNTY:					
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORITY	′: H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE		l Mer F.P.		GROCEF	RY STORI	E	INSTITUTION TEMP.FOOD	MOBILE	VENDOF	RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Dis License No.	EWAGE DISPOSAL WATER SU PUBLIC COMM PRIVATE			MUNITY NON-COM		COMMUNITY Sampled						
		RISK FACT		D INTE	RVENT	IONS						
	preparation practices and employee							ntrol and Prevention as	contributing fac	ctors in		
foodborne illness outbr Compliance	eaks. Public health interventions Demonstration of Kn				ne illnes: mpliance	s or injury		Potentially Hazardou	s Foods	CC	DS F	
IN OUT	Person in charge present, demor	v			OUT N	/O N/A	Proper	cooking, time and temp				
	and performs duties Employee Hea	lth		IN (1/0 N/A	Proper	reheating procedures f	or hot holdina			
IN OUT	Management awareness; policy	present		IN (OUT N	I/O N/A	Proper	cooling time and tempe				
IN OUT	Proper use of reporting, restriction Good Hygienic Pra				<u>OUT N</u> OUT	1/O N/A N/A			t holding temperatures d holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking o	r tobacco use			OUT N		Proper	date marking and dispo	e marking and disposition			
IN OUT N/O	No discharge from eyes, nose ar	nd mouth		IN	OUT N	I/O N/A	Time as records	s a public health control	(procedures /			
	Preventing Contamination						Conour	Consumer Advis				
IN OUT N/O	Hands clean and properly washe	eu		IN				ooked food				
IN OUT N/O	IN OUT N/O No bare hand contact with ready-t approved alternate method proper							Highly Susceptible Po	Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities			IN	OUT N	I/O N/A		rized foods used, prohib	ited foods not			
	accessible Approved Sour	се	+				offered	Chemical				
IN OUT Food obtained from approved sour		urce		IN			dditives: approved and					
IN OUT N/O N/A Food received at proper temperate		iture		IN	IN OUT Toxic used			ubstances properly ider	stances properly identified, stored and			
IN OUT								Conformance with Approved Procedures Compliance with approved Specialized Process				
IN OUT N/O N/A	N/O N/A Required records available: shellstoc destruction			IN				and HACCP plan				
	Protection from Conta	amination		The	lattar ta	the left of	i aaab ita	m indicator that itom's	tatus at the tim	a of the		
IN OUT N/A	Food separated and protected Food-contact surfaces cleaned & sanitized			The letter to the left of each item indicates that item's status at the time inspection.						le or the		
IN OUT N/A	N/A								OUT = not in compliance N/O = not observed			
IN OUT N/O Proper disposition of returned, previous reconditioned, and unsafe food			COS=Corrected On Site									
			OD RETAI						. (l.			
IN OUT	Good Retail Practices are prevent Safe Food and Water		COS R		OUT	ogens, cne		Proper Use of Utensils	0 10005.	COS	R	
	urized eggs used where required						tensils: p	roperly stored				
vvate	r and ice from approved source				Utensils handled			s, equipment and linens: properly stored, dried, d				
	Food Temperature Contro				Single-use/single				ervice articles: properly stored, used			
	Adequate equipment for temperature cont Approved thawing methods used			_		Gloves u		perly ills, Equipment and Ven	dina			
Thermometers provided and accurate							d nonfoo	d-contact surfaces clear				
			_	+		esigned, constructed, and used Varewashing facilities: installed, maintained, used; test						
					strips us	ed		,,		_		
Food	nation				Nontood	-contact	surfaces clean Physical Facilities					
	ts, rodents, and animals not presen						l cold water available; adequate pressure					
	Contamination prevented during food preparat and display					Plumbing	g installe	d; proper backflow devi	ces			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Sewage	and was	tewater properly dispos	ed			
					Toilet fac	t facilities: properly constructed, supplied, cleaned						
	Wiping cloths: properly used and stored Fruits and vegetables washed before use					Garbage	Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean					
Person in Charge /1						Physical		Date:	nu clean			
	Title: Jesseen Whiper.											
Inspector: Kath	no Pecanat		Γ	Felepho	ne No.	EPH		Follow-up: Follow-up Date:	Yes		No	
MO 580-1814 (9-13)	V ····	DISTRIBUTION: WHITE -	OWNER'S CO)PY	C	CANARY - FIL					E6.37	



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FC	DOD ESTABLISHMENT IN		PAGE ² of				
ESTABLISHMENT	NAME	ADDRESS		CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUC	RODUCT/ LOCATION			n ° F
Code		PRIORITY II	TEMS		_	Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECE!	elimination, prevention or reduction	to an acceptable level, hazarc hours or as stated.	ls associated	with foodborne illness	(date)	initia
							JM
Code Reference	Core items relate to general sanitation	CORE ITE	MS ructures, equipment design, ge	eneral mainte	nance or sanitation	Correct by (date)	Initial
	Core items relate to general sanitation standard operating procedures (SSO	Ps). These items are to be correct	ed by the next regular inspe	ction or as s	tated.		JM
							JM
							JM
		EDUCATION PROVI	DED OR COMMENTS				
Person in Cha	arge /Title:				Date:		
Inspector:	Jesseer Mu	gez:	Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Katilyn 4eCant	DISTRIBUTION: WHITE - OWNER'S COP			Follow-up Date:		E6.37A