

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 MAY BE SPEC WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESUL' ESTABLISHMENT NAME: OWNER:															
ADDRESS:					ESTABLISHMENT NUMBER:				ER:	COUNTY:					
CITY/ZIP:			PHONE:			FAX	:				P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT	TYPE	0.07005						-0.4.07.00							
BAKERY RESTAUF	RANT	C. STORE CATEI SCHOOL SENIC		LI /IMER F.I	٥.		AVER	ERY STOR	KE		STITUTION MP.FOOD	MOBILE	VENDO)RS	
PURPOSE Pre-openi	ng	Routine Follow-up	Complaint	Other	r										
FROZEN DES			SEWAGE DISPOS				UPPL'		NON	0014	ALINUTY/	DDI) /AT	_		
Approved Disapproved Not Applicable PUBLIC License No. PRIVATI				(NON-COMMUNITY PRIVATE Date Sampled Results					_		
License	NO		RISK FAC		AND	INTE	RVEN	TIONS							
		reparation practices and emplo	yee behaviors most con	nmonly re	porte	ed to th	ne Cent	ters for Dis		ontrol a	nd Prevention as cor	ntributing fac	tors in		
Compliance	s outbre	eaks. Public health intervention Demonstration of		cos cos	ent fo		ne Illne mpliance		y. Potentially Hazardous Foods				С	cos	R
IN OUT	Person in charge present, demonstrates I		•			IN (OUT	N/O N/A	Prope		ng, time and tempera				
	and performs duties Employee Health		lealth					N/O N/A	Prope	r rehe	ating procedures for I	hot holdina			
IN OUT		Management awareness; poli	cy present			IN (TUC	N/O N/A	Prope	r coolir	ng time and temperat				
IN OUT		Proper use of reporting, restriction Good Hygienic									olding temperatures nolding temperatures				_
IN OUT N/O	1	Proper eating, tasting, drinking					OUT OUT	N/O N/A			marking and dispositi				
IN OUT N/C)	No discharge from eyes, nose	and mouth					N/O N/A			blic health control (pr	rocedures /			
		Preventing Contamin	ation by Hands						record	18)	Consumer Advisory	У			
IN OUT N/O		Hands clean and properly was				IN	OUT	N/A	Consumer advisory provided for raw or						
IN OUT N/O		No bare hand contact with rea	ady-to-eat foods or						undercooked food Highly Susceptible Populations						
	'	approved alternate method pr							Dootou	urizod	foods used probibite	d foods not			
IN OUT Adequate handwashing facilities supplied & accessible					IN (IN OUT N/O N/A offered			d foods used, prohibited foods not						
IN OUT		Approved S				INI	OUT	N/A	Chemical Food additives: approved and properly used						
IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature					OUT	IN/A	Toxic substances properly identified, stored a		nd						
IN OUT Food in good condition, safe and unadulterated			-		used Conformance with Approved Procedures										
Required records available: shellstock tags, parasite					IN	OUT	N/A	Compliance with approved Specialized Process			SS				
IN OUT N/O N/A destruction Protection from Contamination						-	11//	and H	IACCP	plan					
IN OUT N/A Food separated and protected					The	letter t	o the left o	f each it	tem ind	icates that item's stat	tus at the tin	ne of the)		
IN OUT N/A Food-contact surfaces cleaned & sanitized					inspection. IN = in compliance OUT = not in compliance										
IN OUT NO Proper disposition of returned, previously served,					N/A = not applicable $N/O = not observed$										
114 001 14/0		reconditioned, and unsafe foo		OOD RET	VII E			S=Correcte	ed On Si	ite	R=Repeat Item				
		Good Retail Practices are prev						nogens, ch	emicals,	, and p	hysical objects into fo	oods.			
IN OUT		Safe Food and Wa	ter	COS	R	IN	OUT			Prope	r Use of Utensils		COS	S F	₹
		urized eggs used where require and ice from approved source	d					In-use u	itensils: j	properl	y stored id linens: properly sto	red dried			
								handled	l						
	Δαραι	Food Temperature Co late equipment for temperature							use/single used pro		ce articles: properly s	stored, used			
		roved thawing methods used							Utensils, Equipment and Vending						
	Therm	nermometers provided and accurate							nd nonfood-contact surfaces cleanable, properly ed, constructed, and used						
		Food Identification						Warewa	ashing facilities: installed, maintained, used; test						
	Food	ood properly labeled; original container						Strips us Nonfood	sed d-contact surfaces clean						
	1	Prevention of Food Contamination					Physical Facilities								
	Conta	Insects, rodents, and animals not present Contamination prevented during food preparation, storage				1			nd cold water available; adequate pressure bing installed; proper backflow devices					+	
	Person	and display Personal cleanliness: clean outer clothing, hair restraint,				1		Sewage	ge and wastewater properly disposed			+	+		
		nails and jewelry g cloths: properly used and stor	ed					Toilet fo	t facilities: properly constructed, supplied, cleaned				-	+	
		and vegetables washed before						Garbag	e/refuse	proper	ly disposed; facilities	maintained			
Doroor in Oi	orac /T	isla:						Physica	l facilitie		lled, maintained, and	clean			
Person in Cha	arge / I	111e. X								Date	- 				
Inspector: Tele						lepho	ne No	. EPH	IS No.		w-up: w-up Date:	Yes		No	

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

PAGE ² of

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	Y/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° F		
Code		PRIORI	TY ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	elimination, prevention or reduve IMMEDIATE ACTION within	nction to an acceptable level, haza n 72 hours or as stated.	rds associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOI	CORE n, operational controls, facilities s). These items are to be co	EITEMS or structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial	
							か	
		EDUCATION PR	OVIDED OR COMMENTS					
Person in Ch	arge /Title:	D			Date:			
Inspector:	Mhni FII		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	

MO 580-1814 (9-13) DISTRIBUTION: WHITE – OWNER'S COPY

CANARY - FILE COPY

E6.37A