

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN TIME OUT DATE PAGE 1 of

BASED ON AN INSPECTION THIS DAY, THE ITEMS NO NEXT ROUTINE INSPECTION, OR SUCH SHORTER P	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY 1	THE REG	ULATORY AUTHORITY				
H ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESU TABLISHMENT NAME: OWNER:			T IN CESSATION OF YOUR FOOD OF					PERATIONS. PERSON IN CHARGE:			
ADDRESS:			ESTABLISHMENT NUMBER:				R: COUNTY:	COUNTY:			
CITY/ZIP: PHONE:			FAX:				P.H. PRIORITY	′: Н	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER			GROCERY STORE INSTITUTION MOBILE V P. TAVERN TEMP.FOOD						VENDO	RS	
PURPOSE Pre-opening Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable PUBLIC							COMMUNITY Sampled				
License No	RISK FAC		) INTEI	RVENT	IONS						
Risk factors are food preparation practices and employ	vee behaviors most com	monly repor	ted to th	e Cente	ers for Dis	ease Co	ntrol and Prevention as	contributing fa	ctors in	_	
foodborne illness outbreaks. Public health intervention Compliance Demonstration of H				ne llines mpliance	s or injury	y.	Potentially Hazardou	s Foods	C	OS R	
IN OUT Person in charge present, dem and performs duties	<b>v</b>		IN (	N TUC	I/O N/A	<b>D 1 1 1 1 1</b>					
Employee H				IN OUT N/O N/A Proper reheating							
IN         OUT         Management awareness; polic           IN         OUT         Proper use of reporting, restrict							cooling time and temper hot holding temperature				
IN OUT N/O Proper eating, tasting, drinking			IN		N/A N/O N/A		cold holding temperatur				
IN OUT N/O No discharge from eyes, nose					<u>N/O N/A</u>	Time as a public health control (n					
Preventing Contamina	tion by Hands					records	S) Consumer Advis	orv			
	Hands clean and properly washed		IN	OUT			ner advisory provided fo ooked food	advisory provided for raw or			
IN OUT N/O No bare hand contact with real approved alternate method pro						Highly Susceptible Populations					
	Adequate handwashing facilities supplied &		IN OUT N/O N/A Pasteuriz					ed foods used, prohibited foods not			
Approved Sc	Approved Source						Chemical				
IN OUT Food obtained from approved a IN OUT N/O N/A Food received at proper temper	Food obtained from approved source		Toxia oub					itives: approved and properly used stances properly identified, stored and			
			used			used					
Required records available: sh	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite		IN OUT N/A Compliand			Compli	ance with approved Spe	ormance with Approved Procedures nce with approved Specialized Process			
Protection from Col	ntamination				N/A	and HA	CCP plan				
				The letter to the left of each item indicates that item's status at the time of the							
IN OUT N/A Food-contact surfaces cleaned & sanitized			IN = in compliance OUT = not in compliance								
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								
		OD RETAIL	PRACT		00110010						
Good Retail Practices are preve					ogens, ch	-	· · ·	o foods.			
IN OUT Safe Food and Wate Pasteurized eggs used where required	51	COS R	IN	OUT	In-use u		Proper Use of Utensils roperly stored		COS	R	
Water and ice from approved source					Utensils	, equipm	ent and linens: properly	stored, dried,			
Food Temperature Co	ntrol		_		handled Single-u		-service articles: proper	ly stored, used	1		
	Adequate equipment for temperature control				Gloves	used prop		alia a			
Approved thawing methods used Thermometers provided and accurate					Food an	Utens nd nonfoo	ils, Equipment and Veno d-contact surfaces clear	ding nable, properly	,		
			_		designe	d, constru	ucted, and used				
Food Identification					strips us	Warewashing facilities: installed, maintained, used; test strips used					
Food properly labeled; original container Prevention of Food Contamination					Nontood	Nonfood-contact surfaces clean Physical Facilities					
Insects, rodents, and animals not present				Hot and cold water available; adequate pressure							
Contamination prevented during food preparation, storage and display					Plumbin	ig installe	d; proper backflow devic	ces			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Sewage and wastewater properly disposed							
Wiping cloths: properly used and stored				Toilet facilities: properly constructed, supplied, cleaned							
Fruits and vegetables washed before u	196		Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean								
Person in Charge /Title:		•	-		ž		Date:		·	·	
Inspector: Anther Brady	~	Te	elephoi	ne No.	EPH		Follow-up:	Yes		No	
MO 580-1814 (9-13)	DISTRIBUTION: WHITE -	OWNER'S COP	γ	(	CANARY – F		Follow-up Date:			E6.37	



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FOOD ESTABLISHMENT INSPECTION REPORT					PAGE <sup>2</sup> of			
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATI			TEMP. in ° F		
Code Reference	Priority items contribute directly to the	PRIORITY IT	EMS	rds associated wit	th foodborne illness	Correct by (date)	Initial	
	Priority items contribute directly to the or injury. These items MUST RECEIV	/E IMMEDIATE ACTION within 72 I	hours or as stated.			(dato)		
							MB	
							MB	
Code Reference	Core items relate to general sanitation	CORE ITEI	<b>MS</b> ructures, equipment design, c	general maintena	nce or sanitation	Correct by (date)	Initial	
	standard operating procedures (SSOF	os). These items are to be corrected	ed by the next regular inspe	ection or as stat	ed.		MB	
							MAD	
							MB	
							MB	
							MB	
							MB	
							1. Not	
							MB	
		EDUCATION PROVID						
			DED ON COMMENTS					
Person in Ch					ate:			
Inspector:	Andre Brady		Telephone No.		bllow-up:		No	
					JIIOW-UD	Yes	1401	



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

Maccess	OUD ESTABLISHMENT IN	SPECTION REPORT			PAGE <sup>3</sup> of			
ESTABLISHMENT NAME ADDR		ADDRESS	CITY/ZIP					
FOOD PRODUCT/LOCATION		TEMP. in ° F	T/ LOCATION	LOCATION		۱°F		
Code		PRIORITY IT	EMS			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 F	to an acceptable level, hazards nours or as stated.	s associated wit	h foodborne illness	(date)		
Code		CORE ITEM	лs			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or str	uctures, equipment design, ge	eneral maintenar	ce or sanitation ed.	(date)		
							MB	
							MB	
		EDUCATION PROVID	DED OR COMMENTS					
Person in Ch	arge /Title:			Da	te:			
Inspector:	Andra Bradel	/	Telephone No.	PHES No. Fo	llow-up:	Yes	No	
MO 580-1814 (9-13)	1 mil + nuring	DISTRIBUTION: WHITE - OWNER'S COPY	CANARY – FILE COP	Fo	llow-up Date:		E6.37A	

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