

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 R	OUTINE	INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS I	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REG	SULA ^T	ITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:			OWNER:						OK 1 OO	D OF	PERSON IN CHARGE:			
ADDRESS:					ESTABLISHMI				SHMENT	NUMBER: COUNTY:				
CITY/ZIP:				PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CEN					DELI GROCERY STORE ENTER SUMMER F.P. TAVERN					RE INSTITUTION MOBILE VENDORS TEMP.FOOD				
PURPO P	SE re-openi	ng	Routine Follow-up	Complaint										
FROZEN DESSERT Approved Disapproved Not Applicable					EWAGE DISPOSAL WATER SUPPLY COMMUNITY					NON-COMMUNITY PRIVATE Date Sampled Results				
	License	No	<u> </u>	PRIV		AND	INITE		TIONIO	Date	Sam	Died Results		
Diek fe	-1	o food r	reportion practices and ample	RISK FAC							ntral a	and Dravantian as contributing fact	ara in	
			preparation practices and employ eaks. Public health interventio								ntroi a	and Prevention as contributing factor	ors in	
Complia	nce		Demonstration of H		· ·			R Compliance				tentially Hazardous Foods	CO	S R
IN O	UT		Person in charge present, dem and performs duties	nonstrates knowledge,			IN	N OUT N/O N/A		Proper cooking, time and temperature		ing, time and temperature		
INI -			Employee H						N/O N/A			ating procedures for hot holding		
	UT UT		Management awareness; police Proper use of reporting, restrice				_		N/O N/A			ng time and temperatures olding temperatures		
			Good Hygienic F	Practices				OUT	N/A	Proper	cold	holding temperatures		
	UT N/C		Proper eating, tasting, drinking No discharge from eyes, nose			_	IN	OUT	N/O N/A			marking and disposition ublic health control (procedures /		
IN O	UT N/C)	, ,				IN	OUT	N/O N/A	records				
IN O	UT N/O)	Preventing Contamina Hands clean and properly was			+	IN	OUT	N/A			Consumer Advisory dvisory provided for raw or		
IN 0	UT N/C	`	No bare hand contact with rea	dy-to-eat foods or			1	und		underc		hly Susceptible Populations		
			approved alternate method pro					Doctor			ri=od	foods used prohibited foods not		
IN O	UT		Adequate handwashing facilitie accessible				IN	IN OUT N/O N/A Pasteun offered				foods used, prohibited foods not		
Approved So IN OUT Food obtained from approved s						IN OUT N/A Fo			Food o	dditiv	Chemical es: approved and properly used			
IN OUT N/O N/A		O N/A	Food received at proper temperature				IN OUT			Toxic substances properly identified, stored and used			t	
IN OUT			Food in good condition, safe and unadulterated									ance with Approved Procedures		
I INI CHIT NI/CA NI/AI '		Required records available: sh destruction	nelistock tags, parasite			IN OUT N/A		N/A	Compliance with approved Specialized Process and HACCP plan			5		
			Protection from Co											
IN O	UT	N/A	Food separated and protected			The letter to the left of inspection.				f each ite	em ind	licates that item's status at the time	of the	
IN O	UT	N/A	Food-contact surfaces cleaned					IN = in compliar						
)		position of returned, previously served, ed, and unsafe food					. = not appl S=Correcte		е	N/O = not observed R=Repeat Item		
			reconditioned, and another reco		OOD RE	TAIL	PRACT					•		
	,	•	Good Retail Practices are preve						hogens, ch		_	•		
IN	OUT	Paste	Safe Food and Wate urized eggs used where required		cos	R	IN	OUT	In-use i	Proper Use of Utensils CO se utensils: properly stored				R
			and ice from approved source	•					Utensils	sils, equipment and linens: properly stored, dried,				
			Food Temperature Co	ntrol			-		handled Single-	id -use/single-service articles: properly stored, use				
	Adequate		uate equipment for temperature of	control			1			used pro		ice articles. property stored, used		
		Approved thawing methods used Thermometers provided and accurate							F	Utensils, Equipment and Vending				
										nd nonfood-contact surfaces cleanable, properly ed, constructed, and used				
			Food Identification	ı					Warewa	arewashing facilitie		: installed, maintained, used; test		
		Food	properly labeled; original contain									ces clean		
		Incart	Prevention of Food Contains, rodents, and animals not pres				1		Hot and cold i		Physical Facilities cold water available; adequate pressure			
		Contamination prevented during food prep					1					pper backflow devices	<u> </u>	1
<u> </u>	and display Personal cleanliness: clean outer clothing,		ing hair restraint			-		Sawaca	age and wastow		ter properly disposed	-	-	
fingernails and jewelry Wiping cloths: properly used and stored									ge and wastewater properly disposed					
											y constructed, supplied, cleaned	1		
Fruits and vegetables washed before use		noc.			1					rly disposed; facilities maintained lled, maintained, and clean	+	1		
Perso	n in Ch	arge /T	itle: Jumia Mcc	1d.					, , , , , , , , , , , , , , , , , , , ,		Date		•	•
			itle: Junio PNSS	~~~		IT.	lonha	no Nic	DITE	C M.	Cell-	Was Van		VI.a.
Inspector: Catalyn Flant					le	Telephone No. PHE					ow-up: Yes ow-up Date:	Г	No	



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FOOD ESTABLISHMENT INSPECTION REPORT

DAGE	2	of		

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION			TEMP. in ° F		
Code		PRIORITY	ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction of reduction is IMMEDIATE ACTION within 7	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
							tn	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE IT , operational controls, facilities or (s). These items are to be corre	structures, equipment design,	general maint pection or as	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION PROV	/IDED OR COMMENTS					
EDGG/THOM HOMBED ON GOMMENTO								
Porson in Ch	pargo /Titlo: 0				Date:			
Marrie 4 1692						Voo	Nic	
Inspector:	Katilyn Flant		Telephone No.	THES NO.	Follow-up: Follow-up Date:	Yes	No	