

## 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 SPE WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESUL' ESTABLISHMENT NAME: OWNER:												PLY			
ADDRESS:						ESTABLISHMENT NUMBER:			ER:	COUNTY:					
CITY/ZIP:	TY/ZIP: PHONE:				FAX:	:				P.H. PRIORITY :	Н	M	L		
ESTABLISHMENT TYPE									INIC		MODILE	VENDO	D0		
BAKERY RESTAURA	ANT	C. STORE CATEI SCHOOL SENIC		LI MMER F.I	Ρ.		AVER	ERY STOF N	KE.		STITUTION MP.FOOD	MOBILE	VENDO	RS	
PURPOSE Pre-openino	g	Routine Follow-up	Complaint	Other	r										
FROZEN DES			SEWAGE DISPOS				UPPL		NON	0014	ALINUTY.	DDI) /AT	_		
Approved Disapproved Not Applicable PUBLIC  License No. PRIVATE									NON-COMMUNITY PRIVATE Date Sampled Results				_		
License N	NO		RISK FAC		AND	INTE	RVEN	ITIONS							
Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.															
Compliance	outbre	eaks. Public health intervention of		cos to prev		R Compliance				y. Potentially Hazardous Foods				OS	R
IN OUT		Person in charge present, der				IN (	OUT	N/O N/A	Prope		ng, time and tempera				
		and performs duties  Employee F	lealth					N/O N/A	Proper reheating procedures for hot holding			not holdina			$\vdash$
IN OUT		Management awareness; poli	cy present			IN (	OUT	N/O N/A	Proper cooling time and temperatures						
IN OUT		Proper use of reporting, restriction Good Hygienic					IN OUT N/O N/A Proper hot holding temperatures IN OUT N/A Proper cold holding temperatures								$\vdash$
IN OUT N/O		Proper eating, tasting, drinking					OUT	N/O N/A			marking and dispositi	on			
IN OUT N/O		No discharge from eyes, nose	and mouth				OUT NO NA Time as a pu				iblic health control (pr	ocedures /			
		Preventing Contamin	ation by Hands						record	18)	Consumer Advisory	/			$\vdash$
IN OUT N/O		Hands clean and properly was	shed			IN	OUT	N/A	Consumer advisory provided for raw or			aw or			
IN OUT NO		No bare hand contact with rea	ady-to-eat foods or						undercooked food Highly Susceptible Populations			ations			
	approved alternate method properly followed				Posto		urizod	foods used prohibitor	d foods not			$\vdash$			
IN OUT	IN OUT Adequate handwashing facilities supplied & accessible					IN OUT N/O N/A offered				d foods used, prohibited foods not					
IN OUT		Approved S				INI	IN OUT N/A Food additives: approved and prope			porly used			-		
						IN OUT  Toxic substances properly identified				nd					
IN OUT Food in good condition, safe and unadulterated									used Conformance with Approved Procedures						$\vdash$
Required records available: shellstock tags, parasite					IN	OUT	N/A	Compliance with approved Specialized Proces			SS				
IN OUT N/O N/A destruction  Protection from Contamination							and HACCP plan							Щ	
IN OUT N/A Food separated and protected						The	letter t	to the left o	of each it	tem ind	licates that item's stat	us at the tim	ne of the		
IN OUT N/A Food-contact surfaces cleaned & sanitized					insp	ection.	= in compli	ance		OUT = not in complia	nce				
IN OUT N/O Proper disposition of returned, previously served,						N/A = not applicable N/O = not observed									
CC1 N/C		reconditioned, and unsafe foo		OOD RET	-VII E			S=Correct	ed On Si	ite	R=Repeat Item				_
		Good Retail Practices are prev						hogens, ch	nemicals.	, and p	hysical objects into fo	ods.			
IN OUT		Safe Food and Wa	ter	COS	R	IN	OUT			Prope	er Use of Utensils		COS	S F	Į.
		urized eggs used where require and ice from approved source	d					In-use u	utensils:	proper	ly stored	red dried			
								handled							
	Δαραιι	Food Temperature Co									ice articles: properly s	stored, used		_	
		dequate equipment for temperature control pproved thawing methods used							s used properly Utensils, Equipment and Vending						
	Therm	Thermometers provided and accurate							nd nonfood-contact surfaces cleanable, properly ed, constructed, and used						
	Food Identification						Warewa	ashing facilities: installed, maintained, used; test							
	Food properly labeled; original container							strips u	used od-contact surfaces clean						
	Prevention of Food Contamination								Physical Facilities						_
	Insects, rodents, and animals not present  Contamination prevented during food preparation, storage			+		<del>                                     </del>		Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices				+	+		
	and display  Personal cleanliness: clean outer clothing, hair restraint,					-					·		-	-	
	fingernails and jewelry								Sewage and wastewater properly disposed				$\perp$		
		g cloths: properly used and store and vegetables washed before		+		-					y constructed, supplied rly disposed; facilities			+	
		-									lled, maintained, and			土	
Person in Charge /Title:    Date:   Date:															
Inspector:	7	Mlanif Zil			Tel	lepho	ne No	. EPF	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



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ESTABLISHMEN	TNAME	ADDRESS		CITY/ZII	P		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	TION	TEMP. ir	۱° F
Code Reference	Driarity itama contribute directly to the	PRIORITY ITEMS	s acceptable level haza	erda aggaciata	d with foodborns illness	Correct by	Initial
Reference	or injury. These items MUST RECEIV	elimination, prevention or reduction to ar E IMMEDIATE ACTION within 72 hour	s or as stated.	ilus associate	d with loodbonie liness	(date)	
							P.A.
							P.A.
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITEMS  n, operational controls, facilities or structu  Ps). These items are to be corrected b	res, equipment design, y the next regular insp	general maint	enance or sanitation stated.	Correct by (date)	Initial
							P.A.
							P.A.
		EDUCATION PROVIDED	OR COMMENTS				
		505.1111011010					
Person in Ch	arge /Title: Dhung b	ul			Date:		
Inspector:	Mlani F Zil		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COPY	CANARY - FILE C	ODV	i oliow-up Date.		F6 37Δ