

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 INSPEC	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PI	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE REC	GULAT	FORY AUTHORITY. FAI			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOT ESTABLISHMENT NAME: OWNER:								PERSON IN CHARGE:				
ADDRESS:			ESTABLISHMENT N			NUMBE	ER:	COUNTY:				
CITY/ZIP:	PHONE:	PHONE:			FAX:			P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATER SCHOOL SENIOR		l Mer F.P.		GROCEF AVERN	RY STOR	E		STITUTION MP.FOOD	MOBILE	VENDO	RS
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable License No. SEWAGE DISPOSA PUBLIC PRIVAT			COMMUNITY NON-CO					MMUNITY PRIVATE mpled Results				
		RISK FAC	FORS AND) INTEI	RVENT	IONS						
	preparation practices and employ eaks. Public health intervention							ontrol a	and Prevention as contrib	outing fac	tors in	
Compliance	Demonstration of k				mpliance	s or injury	/.	Po	otentially Hazardous Foo	ds	C	OS R
IN OUT	Person in charge present, dem and performs duties	onstrates knowledge,		IN (N TUC	I/O N/A	Proper	r cooki	ing, time and temperatur	e		
	Employee He	ealth		IN (N TUC	I/O N/A	Proper	r rehe	ating procedures for hot	holding		
IN OUT	Management awareness; polic			IN (I/O N/A	Proper	r cooliı	ng time and temperature			
IN OUT	Proper use of reporting, restriction and ex Good Hygienic Practices				N OUT N/O N/A N OUT N/A			Proper hot holding temperatures Proper cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking	or tobacco use				N/O N/A	Proper	r date	marking and disposition			
IN OUT N/O	No discharge from eyes, nose	and mouth		IN (OUT N	I/O N/A	Time a record		ublic health control (proce	edures /		
	Preventing Contamina								Consumer Advisory			
IN OUT N/O	Hands clean and properly was	hed		IN	OUT	N/A	under		dvisory provided for raw	or		
IN OUT N/O	OUT N/O No bare hand contact with ready-to-					Highly Susceptible Populations		ons				
IN OUT	approved alternate method pro Adequate handwashing facilitie			INI (א דווכ	I/O N/A	Paster	urized	foods used, prohibited fo	oods not		
	accessible Approved So	urce			001 1	10 N/A	offered	d	Chemical	_	_	
IN OUT	Food obtained from approved so			IN	OUT	N/A	Food a	additiv	es: approved and proper	ly used		
IN OUT N/O N/A Food received at proper temperature				IN OUT		Toxic s	Toxic substances properly identified, stored and			nd		
IN OUT Food in good condition, safe and unadulterated		nd unadulterated		USE		used Co	Conformance with Approved Procedures					
Required records available: shellsto				IN OUT N/A			Compliance with approved Specialized Process and HACCP plan				s	
	destruction Protection from Cor	ntamination		_			and H	ACCP	plan			
IN OUT N/A Food separated and protected				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				N/A = not applicable COS=Corrected On Site					N/O = not observed			
	reconditioned, and unsafe food		OD RETAIL	DDACT		=Correcte	a On Si	te	R=Repeat Item			
	Good Retail Practices are preve					ogens, ch	emicals.	and p	physical objects into food	S.		
IN OUT	Safe Food and Wate	er	COS R	IN	OUT			Prope	er Use of Utensils		COS	R
	urized eggs used where required and ice from approved source								ly stored	1 dried		
				handl								
uep A	ntrol					-use/single-service articles: properly stored, used						
	Adequate equipment for temperature control Approved thawing methods used					0107631	s used properly Utensils, Equipment and Vending					
Thermometers provided and accurate							and nonfood-contact surfaces cleanable, properly ned, constructed, and used					
Food Identification				_					; installed, maintained, u	ised; test		
				_	strips used							
Prevention of Food Contamination					Nonfood-contact surfaces clean Physical Facilities							
	Insects, rodents, and animals not present				Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices				re			
Contamination prevented during food preparation, storage and display						Piumpin	iy installe	eu, pro				
Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and wa	stewa	ter properly disposed			
fingernails and jewelry Wiping cloths: properly used and stored				Toilet faciliti				ilities: properly constructed, supplied, cleaned				
Fruits and vegetables washed before use				Garbage/refuse properly			erly disposed; facilities maintained alled, maintained, and clean					
Person in Charge /T						Physica	racilitie	s insta Date		all		
	annun	\										
Inspector:	m Rieut		Т	elephoi	ne No.	EPH	S No.		ow-up: `` ow-up Date:	Yes		No
MO 580-1814 (9-13)	· · · · ·	DISTRIBUTION: WHITE -	OWNER'S COF	γ	(CANARY – FI	ILE COPY	1 0110	up Duto.			E6.37



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F	OOD ESTABLISHMENT II	PAGE ² of					
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	T/ LOCATIO	LOCATION		n ° F	
Code		PRIORITY IT	EMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction IVE IMMEDIATE ACTION within 72	to an acceptable level, hazard hours or as stated.	s associated w	vith foodborne illness	(date)	
							CeB
							CeB
Code Reference	Core items relate to general sanitatio	CORE ITEI		noral mainton	ance or capitation	Correct by (date)	Initial
Reference	standard operating procedures (SSO	Ps). These items are to be correct	ed by the next regular inspec	ction or as sta	ated.	(uate)	
							CeB
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							213
		EDUCATION PROVID	DED OR COMMENTS				
Doroon in O) oto:		
Person in Ch		<u>^</u>			Date:	Vaa	N -
Inspector: MO 580-1814 (9-13	Lattyn Recent	DISTRIBUTION: WHITE - OWNER'S COPY		F	Follow-up: Follow-up Date:	Yes	No E6.37A
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