

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 I WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE ESTABLISHMENT NAME: OWNER:						JLT IN CESSATION OF YOUR FOOD OPERATIONS.						COMPL	Y 	
ADDRESS:						ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP:			PHONE:			FAX:					P.H. PRIORITY :	Н	М	L
			ELI IMMER I	F.P.	GROCERY STOF TAVERN			RE INSTITUTION MOBILE V TEMP.FOOD			ENDOR	S		
PURPOSE Pre-openi		Routine Follow-up			ner									
FROZEN DE			SEWAGE DISPO				JPPLY		NON	COM	MUNITY	PRIVATE		
Approved Disapproved Not Applicable PUBI License No. PRIV											oled	Results		
		.	RISK FA	CTORS	AND	INTE	RVENT	TIONS						
		preparation practices and emplo eaks. Public health intervention								ontrol a	and Prevention as conf	tributing facto	ors in	
Compliance	oo oatbi	Demonstration of		COS						Po	Potentially Hazardous Foods			S R
IN OUT		Person in charge present, der and performs duties	monstrates knowledge,	,		IN (OUT N/O N/A Proper cooking, time and tempera			ture				
IN		Employee F						N/O N/A	·					
IN OUT		Management awareness; poli Proper use of reporting, restri				IN (N/O N/A	N/A Proper cooling time and temperatures N/A Proper hot holding temperatures				_	
IN OUT N/C	`	Good Hygienic Proper eating, tasting, drinking	Practices			IN	OUT	N/A	Prope	r cold	holding temperatures marking and disposition	n .		
IN OUT N/C		No discharge from eyes, nose						<u>N/O N/A</u> N/O N/A		as a pı	ublic health control (pro			
		Preventing Contamin	ation by Hands								Consumer Advisory			
IN OUT N/C)	Hands clean and properly was	shed			IN	OUT	N/A Consume undercoo			advisory provided for raw or			
IN OUT N/C)	No bare hand contact with rea approved alternate method pr					0.712.72				lighly Susceptible Populations			
IN OUT Adequate handwashing facilities supp accessible					IN OUT N/O N/A Pasteuriz offered				foods used, prohibited	I foods not				
		Approved S	ource						Official	<u>u</u>	Chemical			
IN OUT Food obtained from approved source IN OUT FOOD received at proper temperature						IN OUT N/A Food additives: approved and properly used Toxic substances properly identified, stored				4				
IN 001 N/O N/A					used		used							
IN OUT N/O N/A Required records available: sh destruction			;				liance	ormance with Approved Procedures ce with approved Specialized Process CP plan						
		Protection from Co	ontamination					J	and m	71001	pian			ı
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 inspection.						of the			
IN OUT N/A Food-contact surfaces cleaned & sanitized					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed					nce				
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food					COS=Corrected On Site R=Repeat Item									
		Good Retail Practices are prevent		OOD RE				ogene ch	omicals	and r	hysical objects into for	ode		
IN OUT		Safe Food and Wa		COS	R	IN	OUT	logens, en	cimodis,	_	er Use of Utensils	003.	COS	R
		eurized eggs used where required er and ice from approved source							e utensils: properly stored				1	
water and ice from								handled						
	Δdeαι	Food Temperature Co									ice articles: properly s	tored, used	 	
		dequate equipment for temperature control oproved thawing methods used							oves used properly Utensils, Equipment and Vending					
	Therm	nometers provided and accurate	•						Food and nonfood-contact surfaces cleanable, proper designed, constructed, and used			le, properly		
		Food Identification							Varewashing facilities: installed, maintained, used; test			, used; test		
	Food	Food properly labeled; original container							d-contact surfaces clean					
	Insect	Prevention of Food Conta						Hot and	Physical Facilities				-	
		Insects, rodents, and animals not present Contamination prevented during food preparation, storage							Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices				1	
		and display Personal cleanliness: clean outer clothing, hair restraint,						Sewage	and wa	stewa	ter properly disposed		+	\vdash
	fingernails and jewelry							Ū					 	
	Wiping cloths: properly used and stored Fruits and vegetables washed before use						Garbage	Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained						
Dorson in Oi-	orgo /T	itle: 4 4						Physical	l facilitie		lled, maintained, and	clean		
Person in Ch	arge / I	ille. //////								Date	!.			
Inspector:	Paylo	Brady			Tel	lephoi	ne No.	EPH	S No.		ow-up: ow-up Date:	Yes	N	No
MO 580-1814 (9-13)			DISTRIBUTION: WHITE	E – OWNER	R'S COPY			CANARY - FI	LE COPY					E6.37

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'	T NAME	ADDRESS			CITY/ZII	CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	I ICT/ LOCAT	ION	TEMP. in ° F			
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIOF Ilimination, prevention or rec IMMEDIATE ACTION with	RITY ITEMS duction to an ac hin 72 hours o	ceptable level, haza as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial		
								MP MP		
								MZ		
							Correct by	Initial		
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.									
								MP		
								MP MP		
								,		
								ME		
		EDUCATION S	חסועייים כב	O COMPACATO						
		EDUCATION P	KOVIDED OF	COMMENTS						
Person in Ch	narge /Title:					Date:				
Inspector: MO 580-1814 (9-13)	Paylor Brady	DISTRIBUTION: WHITE – OWNE		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A		