

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 N WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE ESTABLISHMENT NAME: OWNER:												COMPLY	Y 		
ADDRESS:						ESTABLISHMENT NUMBER:				ER: (COUNTY:				
CITY/Z	ZIP:			PHONE:			FAX:				ı	P.H. PRIORITY :	Н	М	L
B	ISHMENT AKERY		C. STORE CATE			- D			RY STOR	E		TITUTION	MOBILE V	ENDOR	S
PURPOS	ESTAUF SE re-openi		SCHOOL SENIC Routine Follow-up		MMER F Oth	er		AVERN			I EIVI	P.FOOD			
FROZEN DESSERT SEWAGE DISPO						ATER SUPPLY COMMUNITY NON-			COMM	COMMUNITY PRIVATE					
Approved Disapproved Not Applicable PUBL License No PRIV											ed	Results			
			-	RISK FAC	CTORS	AND	INTE	RVENT	TIONS						
			reparation practices and emplo								ontrol an	d Prevention as co	ntributing facto	ors in	
Compliar		o outb.	Demonstration of		COS							oods	COS	S R	
			Person in charge present, der and performs duties	nonstrates knowledge,			IN OUT N/O N/A Proper cooking, time and temp				g, time and tempera	ature			
			Employee H			IN OUT N/O N					oper reheating procedures for hot holding				
IN OI			Management awareness; poli						I/O N/A Proper cooling time and temperatures I/O N/A Proper hot holding temperatures				ures		
IN O	JT		Proper use of reporting, restriction Good Hygienic		_	-	IN (OUT OUT	N/O N/A N/A			ding temperatures olding temperatures		_	_
IN OL	JT N/O		Proper eating, tasting, drinking						N/O N/A			arking and disposit		-	
IN O	JT N/C)	No discharge from eyes, nose	and mouth					N/O N/A	Time as a public health control (procedures /					
			Preventing Contamin	ation by Hands								Consumer Advisor			
IN OUT N/O Hands clean and properly wash		shed			IN	OUT	N/A Consumer undercook			advisory provided for raw or					
		No bare hand contact with rea approved alternate method pr							Highly Susceptible Populations						
IN OUT Adequate handwash		Adequate handwashing facilit accessible				IN OUT N/O N/A		Pasteurized foods used, prohibited foods not offered							
A		Approved S						Chemical							
		Food obtained from approved			_	IN OUT N/A		Food additives: approved and properly used Toxic substances properly identified, stored and			_				
IN OUT N/O N/A Food received at proper tempera		erature						used	substan	ces properly identifi	1				
IN O	JT		Food in good condition, safe a									nce with Approved			
IN OUT N/O N/A Required records available: shellstock tags, destruction			nellstock tags, parasite			IN	OUT	N/A Compliance with approved Specialized Process and HACCP plan			i				
			Protection from Co												
IN OL	JT	N/A	Food separated and protected	1					the left of	f each ite	em indio	ates that item's sta	tus at the time	of the	
IN O	JT	N/A	Food-contact surfaces cleane	d & sanitized	insp			inspection. IN = in compliance				UT = not in complia	ance		
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food						\(\) = not applicable \(\) N/O = not observed \(\) S=Corrected On Site \(\) R=Repeat Item									
			reconditioned, and unsale loc		OOD RE	TAIL F	PRACT								
			Good Retail Practices are prev						ogens, ch	emicals,	, and ph	ysical objects into f	oods.		
IN	OUT		Safe Food and Water			R	IN	OUT		Proper Use of Utensils					R
			urized eggs used where required						In-use u	tensils: p	properly	stored			
		Water	and ice from approved source						Utensils handled		nent and	linens: properly sto	ored, dried,		
			Food Temperature Control					Single-use/single-service articles: properly stored, use					+		
			uate equipment for temperature control						used pro	perly					
			oved thawing methods used					Utensils, Equipment and Vending							
		Therm	mometers provided and accurate									act surfaces cleana	ble, properly		
			Food Identification						Warewa	designed, constructed, and used Warewashing facilities: installed, maintained, used; test strips used					
		Food	Food properly labeled; original container							nps used onfood-contact surfaces clean			+		
			Prevention of Food Contamination						110111000	Physical Facilities					
			sects, rodents, and animals not present					Hot and cold water available; adequate pressure				<u> </u>			
			stamination prevented during food preparation, storage display					Plumbin	g installe	ed; prop	er backflow devices	5			
		Perso	sonal cleanliness: clean outer clothing, hair restraint,						Sewage	ewage and wastewater properly disposed				<u> </u>	
	fingernails and jewelry Wiping cloths: properly used and stored					Toilet fa	cilities: n	oroperly	constructed, suppli	ed, cleaned	+	1			
Fruits and vegetables washed before use			П					disposed; facilities		1					
									ed, maintained, and						
Person	n in Cha	arge /T	itle: America	V JULI		_	_	_			Date:				_
Inspec	ctor:	Ab.	wa Brach			Tel	ephor	ne No.	PHES		Folloy	/-up: /-up Date:	Yes	N	Мо
MO 580-1	814 (9-13)	/		DISTRIBUTION: WHITE	- OWNER	S COPY			CANARY – FI		1 01101	up Date.			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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FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII	P			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	LOCATION TEMP			
Code		PRIORITY ITI	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 h	to an acceptable level, haza nours or as stated.	ards associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general sanitatior standard operating procedures (SSOF	CORE ITEM n, operational controls, facilities or str Ps). These items are to be corrected	uctures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
	-						10	
							A P	
							A	
							A	
		EDUCATION PROVID	DED OR COMMENTS					
Person in Ch	narge /Title:				Date:			
Inspector:	Mula Pindu		Telephone No.	PHES No.	Follow-up:	Yes	No	
	MUM I/WWW				Follow-up Date:			