

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	TIME OUT					
DATE	PAGE 1 of					

		CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF										FAILURE TO	COMPL	Y
ESTABLISHM						-TIN GEOGRIFON OF TOOK TOOK					PERSON IN CHARGE:			
ADDRESS:						ESTABLISHMENT NUMBER:				ER:	COUNTY:			
CITY/ZIP:	PHONE:					FAX:					P.H. PRIORITY :	Н	М	L
			ELI JMMER F.P.		GROCERY STOR			E		STITUTION	MOBILE \	/ENDOR	S	
RESTAUR. PURPOSE Pre-openin		SCHOOL SENIC					AVERN	N		IEI	MP.FOOD			
FROZEN DES		•	SEWAGE DISPOS				UPPL\							
Approved		approved Not Applicable	PUBL PRIV	-	(	COMM	1UNIT	Y			MUNITY oled	PRIVATE Results		
License I	NO		RISK FAC		AND	INTE	RVEN <sup>-</sup>	TIONS						
		reparation practices and emplo								ontrol a	and Prevention as co	ntributing fact	ors in	
toodborne illness Compliance	outbre	eaks. Public health intervention  Demonstration of		es to prev	vent fo	, ,				Po	Potentially Hazardous Foods			S R
IN OUT	Person in charge present demonstrates knowledge					1		N/O N/A	Prope		ing, time and tempera			
IN OUT		and performs duties  Employee F	Joolth						Drong	or robo	ating procedures for	hot holding	_	
IN OUT		Management awareness; poli				IN (		N/O N/A N/O N/A			ng time and temperat			
IN OUT		Proper use of reporting, restri	ction and exclusion			_		N/O N/A	Prope	er hot h	olding temperatures			
IN OUT N/O		Good Hygienic Proper eating, tasting, drinking					OUT OUT	N/A N/O N/A			holding temperatures marking and disposit			
IN OUT N/O		No discharge from eyes, nose						N/O N/A			ublic health control (p			
114 001 14/0		Dravanting Contamin	ation by Handa			IIN (	001	IN/O IN/A	record	ds)	Canaumar Advisar		_	
IN OUT N/O		Preventing Contamin  Hands clean and properly was				INI	OUT	N/A	Cons	umer a	Consumer Advisor dvisory provided for r			
		No hare hand contact with rea	No bare hand contact with ready-to-eat foods or			001	N/A		rcooked					
IN OUT N/O		approved alternate method properly followed						D						
IN OUT Adequate handwashing facilities supplied & accessible						IN (	IN OUT N/O N/A Pasteurize offered				foods used, prohibite	ed foods not		
IN OUT	Approved Source					IN OUT N/A Food addit			a d ditiv	Chemical es: approved and pro				
IN OUT N/O	N/A	Food obtained from approved Food received at proper temp				1	OUT	IN/A	Toxic	substa	es. approved and pro inces properly identifi	ied, stored an	d	
	IN//A					IIN	001		used	· · · · · · · · · · · · · · · · · · ·		D		
IN OUT Food in good condition, safe and unadulterated  Required records available: shellstock tags, paras					IN OUT N/A Compliance			oliance	with approved Specia		S			
	14// (	destruction Protection from Co	ontamination						and F	ACCP	plan			
IN OUT	N/A	Food separated and protected				The	letter to	the left of	each i	tem ind	licates that item's sta	tus at the time	e of the	
IN OUT	N/A	Food contact conference desired 0 conitional				inspection.  IN = in compliance					OUT = not in compliance			
IN OUT NO Proper disposition of returned, previously served,					N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item									
		reconditioned, and unsafe foo		OOD RE	TAIL F	PRACT		)-0011cctc	a on o	ii.C	TV-TVOPCAL ITCIII			
		Good Retail Practices are prev	entative measures to c		introc	duction		nogens, che	emicals	s, and p	hysical objects into f	oods.		
IN OUT	Safe Food an			cos	R	IN	OUT				er Use of Utensils		cos	R
		eurized eggs used where required r and ice from approved source							utensils: properly stored s, equipment and linens: properly stored, dried,					
		Food Temperature Co						Single-us			ice articles: properly	stored, used		
		ate equipment for temperature	control					Gloves u			arriament and Mandin		-	
		ved thawing methods used cometers provided and accurate	1					Food and	d nonfo	nsiis, Ei ood-con	quipment and Vendir ntact surfaces cleana	ig ble, properly		
		·						designed	d, cons	tructed,	, and used			
		Food Identification	n	strips used		ashing facilities: installed, maintained, used; test sed								
	Food p	properly labeled; original contain						Nonfood	Nonfood-contact sur					
	Insects	Prevention of Food Conta s, rodents, and animals not pre-						Hot and	cold wa		ysical Facilities ailable; adequate pre	ssure		
	Conta	amination prevented during food preparation, storage									oper backflow devices			
		display onal cleanliness: clean outer clothing, hair restraint,				<b>!</b>	Sewage and wastewater properly disposed				+	1		
	fingerr	nails and jewelry												
		ng cloths: properly used and stored s and vegetables washed before use				-		Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained				+	1	
											illed, maintained, and			
Person in Cha	rge /T	itle:	<u> </u>							Date	:			
Inspector:	1/1	m & Mark			Te	lephoi	ne No.	PHES	S No.		ow-up: ow-up Date:	Yes	١	No
MO 580-1814 (9-13)	1		DISTRIBUTION: WHITE	- OWNER's	S COPY			CANARY – FIL	LE COPY		w-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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ESTABLISHMENT NAME		ADDRESS					
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	ON	TEMP. in ° F	
0-1-		PRIORI	TVITEMO			O	laitial
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or redu VE IMMEDIATE ACTION withi	TY ITEMS uction to an acceptable level, hazar n 72 hours or as stated.	ds associated	with foodborne illness	Correct by (date)	Initial
							OR
							OR OR
							5/0
Code		CORE	EITEMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities Ps). <mark>These items are to be co</mark>	or structures, equipment design, governed by the next regular inspendent	eneral mainte	enance or sanitation stated.	(date)	
							OR
							<b>2</b>
							OR
							00
							YC.
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							90
							œ
							-,0
							OR
		EDUCATION PR	OVIDED OR COMMENTS				
		_					
Person in Ch	narge /Title:				Date:		
Inspector:	Tum & Mark		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No
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