

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

TIME IN	TIME OUT
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ESTABLISHMENT NAME:	BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.														
ADDRESS ### COUNTY FAX: CITY/ZIP FAX: CITY/ZIP FAX: PH. PRIORITY: Did H D M L FAX: FAX: PH. PRIORITY: Did H D M L FAX: PH. PRIORITY: Did H D M L FAX: PH. PRIORITY: Did H D M L FAX: FAX: PH. PRIORITY: Did H D M L FAX: FAX: PH. PRIORITY: Did H D M L FAX: PH. PRIORITY: DIM L MA PRIORITY: DID H MAN PRIORITY: DID H MAN PRIORITY: DID H MAN PRI	ESTABLISHMENT NAME: OWNER:			191		PERS				PERSON IN CHARGE:	ERSON IN CHARGE:				
PHONE PHON					1011	20,	COUNTY: 151								
GROCERY STORE CAFERER SMAMERY P TAMEPOND MOBILE VENDORS	CITY/ZIP: PHONE:			5.10	09	FAX: P.H. PRIO				P.H. PRIORITY : A H	М 🗆 І	L			
Processing Routine Follows Complaint Other	ESTABLISHMENT TYPE C. STORE CATERER DEL					☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDORS									
PRIVATE PRIVATE Date Sampled Results	PURPOSE														
Risk factors are food preparation practices and employee behaviors most commonly reported to the Genters for Disease Control and Provention as contributing factors in Condomn embors outbreak. Public health interventions are control reasouse to prevent Condomn embors outbreak. Province Demonstration of Knowledge. IN OUT Possion in Charge present, demonstrates knowledge. IN OUT Monagement terrementates knowledge. IN OUT NO Proper call and temperatures IN OUT NO NO Proper call the temperatures and temperatures IN OUT NO NO Proper call the temperatures and mouth Preventing Contamination by Hands IN OUT NO NO NO discharge from eyes, nose and mouth Preventing Contamination by Hands IN OUT NO NO NO bare hand and properly wished IN OUT NO NO NO bare hand contact with ready-to-and foods or approved alternate method properly followed IN OUT NO NO NO bare hand and properly followed IN OUT NO NO NO bare hand supplied & IN OUT NO NO Pasteutized from approved source IN OUT NO NO NO Bare hand supplied & IN OUT NO NO Pasteutized foods used, prohibited foods not offered Consultated and properly seal of the proper se	□ Approved □ Disapproved □ Not Applicable □ PUBLIC						COMMUNITY NON-COMMUNITY PRIVA								
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N/A = not applicable COS = Corrected On Site R = Repeat Item	The second was a second		V/A	Food-contact surfaces cleaned 8	And the state of the state of the state of the state of							OUT = not in compliance			
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Person in Charge / Title: Date: 3/1/8 Inspector: Facus Courts Telephone No. / EPHS No. Follow-up: Yes No.						V									
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MISSOURI DEPARTMENT C JEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENT HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT



TIME IN TIME OUT PAGE 2 of 2

ESTABLISHMEN	O Brady's	ADDRESS	St. Joseph	CITY	rajoille 63775			
	OD PRODUCT/LOCATION	TEMP.	F	goille	TEMP.			
Code Reference	Priority items contribute directly to the elim or injury. These items MUST RECEIVE II	nination, prevention or	ORITY ITEMS reduction to an accept vithin 72 hours or as:	able level, hazards as	ssociated	with foodborne illness	Correct by (date)	Initial
	all private	1 etems	corrected,	at this I	ing	,		
	1							
			*					
Code Reference	Core items relate to general sanitation, op standard operating procedures (SSOPs).	erational controls, facil	ORE ITEMS lities or structures, equ	ipment design, gener	ral mainte	nance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOPS).	These items are to b	e corrected by the ne	xt regular inspectio	n or as s	tateu.		
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Person in Cl		I was a	No.	EDITO 11-		Date: 3/1/r		TI No
Inspector:	Spren Clipton	Teleph	one No. 547.4564	EPHS No.		Follow-up Date:	Yes I	Z No