

## 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 INSPECT	CTION, OR SUCH SHORTER PEF	RIOD OF TIME AS MA	AY BE SPE	CIFIED I	N WRIT	TING BY T	THE REGI	ACILITIES WHICH MUST BE CORRECULATORY AUTHORITY. FAILURE TO (		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED ESTABLISHMENT NAME:		OWNER:		554110			PERSON IN CHARGE:			
ADDRESS:			EST	ABLISI	HMENT	NUMBEI	COUNTY:			
CITY/ZIP:		PHONE:	PHONE:		FAX:			P.H. PRIORITY : H	М	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATEREI SCHOOL SENIOR		l Mer F.P.		GROCE	RY STOR	E	INSTITUTION MOBILE VI TEMP.FOOD	NDOR	S
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other							
FROZEN DESSERT Approved Disa License No.	approved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVAT	>	TER S COMN	UPPLY /UNITY			OMMUNITY PRIVATE Sampled Results		
		RISK FACT		D INTE	RVENT	TIONS				
								trol and Prevention as contributing facto	rs in	
Compliance	eaks. Public health interventions Demonstration of Kn				mpliance		/.	Potentially Hazardous Foods	COS	S R
IN OUT	Person in charge present, demor and performs duties	nstrates knowledge,		IN	OUT N	N/O N/A	Proper	cooking, time and temperature		
	Employee Hea	lth		IN (	OUT N	N/O N/A	Proper	reheating procedures for hot holding		
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction	present				N/O N/A		cooling time and temperatures hot holding temperatures		
	Good Hygienic Pra				<u>1 TUO</u> TUO			cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking o No discharge from eyes, nose ar					N/O N/A		date marking and disposition a public health control (procedures /	_	
IN OUT N/O				IN	OUT N	N/O N/A	records	)		
IN OUT N/O	Preventing Contamination Hands clean and properly washe			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or poked food		
IN OUT N/O No bare hand contact with ready-t							andoroa	Highly Susceptible Populations		
IN OUT	approved alternate method prope Adequate handwashing facilities accessible			IN (	OUT N	N/O N/A	Pasteur offered	ized foods used, prohibited foods not		
	Approved Sour							Chemical		
IN OUT Food obtained from approved sou				IN OUT		N/A		dditives: approved and properly used ubstances properly identified, stored and		
				IN	IN OUT used		used			
	IN OUT Food in good condition, safe and u Required records available: shells				Complian			nformance with Approved Procedures ance with approved Specialized Process		
IN OUT N/O N/A	NOUT N/O N/A destruction			IN				CCP plan		
IN OUT N/A	Protection from Conta Food separated and protected			The	letter to	the left o	f each iter	m indicates that item's status at the time	of the	
IN OUT N/A				<ul> <li>inspection.</li> <li>IN = in compliance</li> </ul>				OUT = not in compliance		
IN OUT NO Proper disposition of returned, pre-						= not appl	icable	N/O = not observed		
	reconditioned, and unsafe food					=Correcte	ed On Site	e R=Repeat Item	_	_
	Good Retail Practices are prevent		OD RETAIL			ogens, ch	emicals, a	and physical objects into foods.		
IN OUT	Safe Food and Water		COS R	IN	OUT		F	Proper Use of Utensils	COS	R
	urized eggs used where required and ice from approved source			_				roperly stored ent and linens: properly stored, dried,		
						handled				
Adeau	Food Temperature Contro Adequate equipment for temperature cont			_	Single-use/single Gloves used pro			-service articles: properly stored, used perly		
Approved thawing methods used					Utensils		Utensi	ils, Equipment and Vending		
Therm	nometers provided and accurate							d-contact surfaces cleanable, properly icted, and used		
Food Identification						Warewa	esigned, constructed, and used Varewashing facilities: installed, maintained, used; test trips used			
Food properly labeled; original container Prevention of Food Contaminati								surfaces clean		
Insect					Hot and	Physical Facilities d cold water available; adequate pressure				
Contamination prevented during food prepar							imbing installed; proper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restrain		g, hair restraint,		-		Sewage	and wast	tewater properly disposed		
fingernalis and jewelry Wiping cloths: properly used and stored										
Fruits	e					Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained				
	÷						I facilities	installed, maintained, and clean		
Person in Charge /T	Report was ownilow	to owner						Date:		
Inspector: Kattyw	<u>Report was emailea</u> Roust		Т	elepho	ne No.	PHE		Follow-up: Yes Follow-up Date:	١	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S COP	Pγ		CANARY - F				E6.37



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F	OOD ESTABLISHMENT IN		PAGE <sup>2</sup> of				
ESTABLISHMEN	T NAME	ADDRESS	CITY /ZIP	TY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUC	CT/ LOCATI	TEMP. ir	۱°F	
Code		PRIORITY IT	TEMS	_		Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazan hours or as stated.	ds associated	with foodborne illness	(date)	miliar
Code		CORE ITE	MS			Correct by	Initial
Reference	Core items relate to general sanitatio standard operating procedures (SSO	n, operational controls, facilities or st	ructures, equipment design, q	eneral mainte	nance or sanitation tated.	(date)	mittai
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title: Report Was sen	d to Managor			Date:		
Inspector:	Kattyw kaust	n co rinnager	Telephone No.	PHES No.	Follow-up:	Yes	No
MO 580-1814 (9-13	N	DISTRIBUTION: WHITE - OWNER'S COP			Follow-up Date:		E6.37A