

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									ILURE TO (COMPLY	Y
				OWNER:						PERSON IN CHARGE:				
ADDRESS:							ESTABLISHMENT NUMBER			NUMBER	R: COUNTY:			
CITY/ZIP: PHONE:				PHONE:			FAX:				P.H. PRIORITY :	Н	М	L
ESTABLI B4	SHMENT AKERY	TYPE	C. STORE CATE	RER DE	ELI		(SROCE	RY STOR	·F	INSTITUTION	MOBILE VE	NDORS	3
RE	STAUF	RANT			MMER I	F.P.		AVERN		` L	TEMP.FOOD	WODILL VI	INDOING	
PURPOS Pr	SE e-openi	ng	Routine Follow-up	Complaint	Oth	ner								
FROZE	EN DES	SSERT		SEWAGE DISPOS				UPPL	1					
Appr	oved	Disa	approved Not Applicable	PUBL	IC	(COMM	TINUI	Y			PRIVATE		
	License	No		PRIV	ATE					Date S	sampled	Results _		
			•	RISK FAC	CTORS	AND	INTE	RVEN ⁻	TIONS					
			reparation practices and emploeaks. Public health intervention								trol and Prevention as contri	buting factor	rs in	
Complian		S OULDI C	Demonstration of		COS						Potentially Hazardous Foo	COS	S R	
IN OL	JT		Person in charge present, der	nonstrates knowledge,			IN (OUT I	N/O N/A	Proper o	cooking, time and temperatu	re		
			and performs duties Employee F	lealth			IN (N/O N/A	Proper	reheating procedures for ho	t holding		
IN OL			Management awareness; poli	cy present			IN (I TUC	N/O N/A	N/A Proper cooling time and temperatures				
IN OL	JT		Proper use of reporting, restriction Good Hygienic				-	OUT OUT	N/O N/A N/A		not holding temperatures	t holding temperatures		
IN OL	JT N/O		Proper eating, tasting, drinking	g or tobacco use			-		N/O N/A	Proper of	date marking and disposition			
IN OL	JT N/C)	No discharge from eyes, nose	and mouth			IN (OUT I	N/O N/A	Time as records)		public health control (procedures /		
			Preventing Contamin								Consumer Advisory			
IN OL	JT N/O		Hands clean and properly was	shed			IN	OUT	N/A		ner advisory provided for raw ooked food	advisory provided for raw or ed food		
IN OL	N OUT N/O No bare hand contact with ready-to										Highly Susceptible Populati	ions		
approved alternate method proper IN OUT Adequate handwashing facilities si					INI /	OUT I	N/O N/A	Pasteuri	ized foods used, prohibited f	oods not				
accessible			ourco	_		IIN V	OUT N/O N/A offered			Chemical				
Approved Source IN OUT Food obtained from approved source						IN	N OUT N/A Food add			Iditives: approved and prope	rly used			
IN OUT N/O N/A Food received at proper temperature			erature			IN	IN OUT Toxic sub:			ubstances properly identified	, stored and			
IN OUT Food in good condition, safe and una			and unadulterated						used Con	formance with Approved Pro	ocedures			
IN OUT N/O N/A Required records available: shellst destruction		nellstock tags, parasite			IN	OUT	N/A		ance with approved Specializ	ed Process				
			Protection from Co	ntamination						and HAC	CCP plan			
IN OUT N/A Food separated and protected			I			The letter to the left of each item indicates that item's status at the tin					at the time	of the		
IN OL	JT	N/A	Food-contact surfaces cleane	d & sanitized		inspection. IN = in compliance			ance	OUT = not in compliance				
IN OUT N/O Proper disposition of returned, previous						N/A = not applicable N/O = not observe COS=Corrected On Site R=Repeat Item				N/O = not observed				
			reconditioned, and unsafe foo		OOD RE	ETAIL F	PRACT		00110010	ou on one	TO PODE ROM			
			Good Retail Practices are preven		ontrol th		_		ogens, ch			ds.		
IN	OUT	Paster	Safe Food and Water required			R	IN	OUT	In-use u	Proper Use of Utensils use utensils: properly stored			cos	R
			or and ice from approved source						Utensils	sils, equipment and linens: properly stored, dried,				
		Food Temperature Control		ontrol					handled Single-u		service articles: properly sto	red used		
			Adequate equipment for temperature control							used prop	erly	ica, asca		
			ved thawing methods used cometers provided and accurate						Food on		ls, Equipment and Vending d-contact surfaces cleanable	proporly		
		HIGHH	•						designe	d, constru	cted, and used			
			Food Identification						strips us	Warewashing facilities: installed, maintained, used; tes strips used				
		Food p	oroperly labeled; original contain Prevention of Food Conta						Nonfood	Nonfood-contact surfaces clean Physical Facilities				
		Insect	s, rodents, and animals not pres						Hot and	ot and cold water available; adequate pressure				
			ontamination prevented during food preparation, storal display						Plumbin	g installed	d; proper backflow devices			
		Persor	rsonal cleanliness: clean outer clothing, hair restraint,						Sewage	and wast	ewater properly disposed			
	fingernails and jewelry Wiping cloths: properly used and stored			2d					Toilet fa					<u> </u>
Fruits and vegetables washed before use						Garbage	Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained							
Person in Charge /Title:								Physical		installed, maintained, and clo	ean			
Persor	ı in Cha	arge / I	ILIE: ENVER KASSI								Date:			
Inspec	tor: W	pe XIV	lacky Kotalyn Recourt			Те	lephoi	ne No.	PHE		Follow-up: Follow-up Date:	Yes	N	10
MO 580-18	314 (9-13		()	DISTRIBUTION: WHITE	– OWNER	R'S COPY			CANARY - FI		·			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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PAGE 2 of

ESTABLISHMEN [*]	T NAME	ADDRESS			CITY/ZII	CITY/ZIP			
FOO	OD PRODUCT/LOCATION	TEMP. in ° F		FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
							Correct by		
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.								
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.								
		EDUCATION							
		EDUCATION	PROVIDED OI	R COMMENTS					
	_	_							
Person in Charge /Title: Bulb Harris Date:									
Inspector: 00 MO 580-1814 (9-13)	mXMachx Katalyn Recourt	DISTRIBUTION: WHITE – OWN	JER'S COPY	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A	