

## 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 R	<b>JUTINE</b>	INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	HE REC	SULA	LITIES WHICH MUST BE CORRECTORY AUTHORITY. FAILURE TO		
			OWNER:	THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD DWNER:					<u>D 01</u>	PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT NUMBE				NUMBE	R:	COUNTY:		
CITY/ZIP:			PHONE:	PHONE: FAX:				P.H. PRIORITY: H			М	L		
ESTABLISHMENT TYPE  BAKERY  C. STORE  CATERER  RESTAURANT  SCHOOL  SENIOR CENTER					ELI GROCERY STORE JMMER F.P. TAVERN					ιE		INSTITUTION MOBILE VENDORS TEMP.FOOD		
PURPO:	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er								
FROZEN DESSERT Approved Disapproved Not Applicable			SEWAGE DISPOS PUBL	LIC COMMUNITY NOI						DN-COMMUNITY PRIVATE ate Sampled Results				
	License	No		PRIVA		AND	INITE	D\/EN	TIONS	Date	- Cum			
Risk fa	ctors ar	e food r	preparation practices and employ							ease Co	ntrol	and Prevention as contributing factor	rs in	
foodbo	rne illnes		eaks. Public health intervention	ns are control measure	es to pre	event f	oodbor	ne illne	ss or injury					- 1 -
Complia			Demonstration of Person in charge present, den		3 -			mpliance		Proper		otentially Hazardous Foods king, time and temperature	СО	S R
IN O	JT		and performs duties	<u>.</u>			IN OUT IN/O IN/A							
IN O	UT		Employee H Management awareness; police				_		N/O N/A			eating procedures for hot holding ing time and temperatures		
IN O			Proper use of reporting, restrict	tion and exclusion			IN	OUT	N/O N/A	Proper	hot	holding temperatures		
IN O	JT N/O	)	Good Hygienic F Proper eating, tasting, drinking					OUT	N/A N/O N/A			holding temperatures marking and disposition		
	UT N/C		No discharge from eyes, nose						N/O N/A	Time a	as a p	public health control (procedures /		
			Preventing Contamina	ation by Hands			+			record	S)	Consumer Advisory		
IN O	UT N/O	)	Hands clean and properly was	hed			IN	OUT	N/A			advisory provided for raw or		
IN O	UT N/C	)	No bare hand contact with rea									ghly Susceptible Populations		
IN O	UT		approved alternate method pro Adequate handwashing facilitie				IN	N OUT N/O N/A Pasteurize offered				I foods used, prohibited foods not		
	accessible Approved Source			ource			1			onered	ı	Chemical		
				Food obtained from approved source Food received at proper temperature			IN	OUT	N/A			ves: approved and properly used		
IN OUT N/O N/A Food received at proper tem		Food received at proper temper	erature		IN OUT			used		ances properly identified, stored and	1			
IN O	IN OUT Food in good condition, safe and up IN OUT N/O N/A Required records available: shellsted destruction		•							Conformance with Approved Procedures Compliance with approved Specialized Proces				
IN O				0 / 1			IN OUT N/A			and HACCP plan				
0			Protection from Co				The	latter t	o the left o	f aaab itu	in	dicates that item's status at the time	of the	
IN O		N/A	Food separated and protected Food-contact surfaces cleaned				inspection.				em in	dicates that item's status at the time	or the	
IN O	UT	N/A				IN = in complian N/A = not application								
IN o	IN OUT N/O Proper disposition of returned, pr reconditioned, and unsafe food				COS=Correcte				ie	R=Repeat Item				
			0 10 1 10 11		OOD RE					<u> </u>				
IN	OUT		Good Retail Practices are prevenues  Safe Food and Wat		COS	e intro	IN	OUT	logens, cn	emicais,		er Use of Utensils	cos	R
			urized eggs used where required							e utensils: properly stored				
		Water	and ice from approved source						handled			and linens: properly stored, dried,		
			Food Temperature Co	ntrol								vice articles: properly stored, used		
			uate equipment for temperature oved thawing methods used	control					Gloves	ood and nonfood-co lesigned, constructe Varewashing facilitie trips used Jonfood-contact surf		Equipment and Vending		
			nometers provided and accurate									ntact surfaces cleanable, properly		
			Food Identification	ı			1					s: installed, maintained, used; test		
		Food	properly labeled; original contain	er			-					aces clean		
		1 000	Prevention of Food Conta						Noniood			nysical Facilities		
<u> </u>			s, rodents, and animals not pres mination prevented during food				1	-				vailable; adequate pressure roper backflow devices	-	1
		and di	splay									·		
	Personal cleanliness: clean outer clothing fingernails and jewelry			ning, hair restraint,			1		Sewage	ge and wastewater properly disposed				
Wiping cloths: properly used and stored								Toilet fa	cilities: p	rope	rly constructed, supplied, cleaned			
<u> </u>		Fruits	and vegetables washed before	use			1					erly disposed; facilities maintained alled, maintained, and clean		-
Perso	n in Ch	arge /T	itle:			l	1		i nysica	i iaciiille:	Dat			
			the man			1-	11		1 5:	2.11				
Insped	cior: (	alik	tund on			ıe	epno	ne No.	.   PHE	S No.		ow-up: Yes ow-up Date:	ı	No



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

FOOD	<b>FSTARI</b>	ISHMENT	INSPECT	ION RF	PORT
			11101 E01		

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT.			TEMP. in ° F		
Code		PRIORITY I	TEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction of reduction of the control o	n to an acceptable level, haza ! hours or as stated.	ards associate	d with foodborne illness	(date)		
							MB	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE , operational controls, facilities or s s). These items are to be correc	tructures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION PROV	IDED OR COMMENTS					
	$\mathcal{A}$							
Person in Ch	arge /Title:				Date:			
Inspector:			Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	

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