

## 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	OUTINE	INSPE	TION THIS DAY, THE ITEMS N	PERIOD OF TIME AS I	MAY BE	SPEC	IFIED	N WRI	TING BY 1	THE REG	ULATORY AUT	HORITY. F.			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN ESTABLISHMENT NAME:				OWNER:						UK FOOI		PERSON IN CHARGE:			
ADDRESS:				•	ESTABLISHMENT				NUMBE	R: COUNT	COUNTY:				
CITY/ZIP:				PHONE:	PHONE:			FAX:			P.H. PR	IORITY:	Н	М	L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CET					DELI GROCERY STORE TER SUMMER F.P. TAVERN				RE INSTITUTION MOBILE VENDORS TEMP.FOOD						
PURPO:	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable				SEWAGE DISPOS					NON-COMMUNITY PRIVATE Date Sampled Results						
	License	No		PRIV						Date	Sampleu		Result	s	
Di L C			The state of the s	RISK FAC							1.115		the Care Ca		
			oreparation practices and emplo eaks. Public health intervention								ntrol and Prever	ntion as cont	ributing fa	ctors in	
Complia	nce		Demonstration of		COS	R	R Compliance			Potentially Hazardous Foods				CC	OS R
IN O	UT		Person in charge present, del and performs duties	e present, demonstrates knowledge, ities			IN	OUT N/O N/A		Proper cooking, time and temperature					
			Employee I				IN		N/O N/A		reheating proc				
	<u>UT</u> UT		Management awareness; poli Proper use of reporting, restri				_		N/O N/A N/O N/A		cooling time an		res		
			Good Hygienic					OUT	N/A		cold holding ter				
	UT N/C		Proper eating, tasting, drinkin				IN	OUT	N/O N/A		date marking a				
IN O	UT N/C	)	No discharge from eyes, nose				IN	OUT	N/O N/A	O N/A Time as a records)			cedures /		
IN O	Preventing Contamination IN OUT N/O Hands clean and properly washed						IN	OUT	N/A		mer advisory pro	ner Advisory ovided for ra	w or		
IN O	UT N/C	)	No bare hand contact with rea	ady-to-eat foods or						ooked food Highly Suscer	otible Popula	itions			
			approved alternate method properly followed  Adequate handwashing facilities supplied &				IN OUT N/O N/A Pas			Pasteu	rized foods use	d. prohibited	foods not		
IN O	accessible		accessible		_		IN	001	N/O N/A	offered		emical			
IN OUT			Approved Source Food obtained from approved source				IN	OUT	N/A	Food a	dditives: approv		erly used		
IN OUT N/O N/A		O N/A	Food received at proper temperature							Toxic substances properly identified, stored and used			ind		
IN OUT			Food in good condition, safe and unadulterated  Required records available: shellstock tags, parasite			-	Complian			nformance with			.00		
IN O	IN OUT NI/O NI/AT '		destruction							Compliance with approved Specialized Process and HACCP plan				:55	
			Protection from Co		mination			1-444	- 41 1-64 -	£ l- :4 -	:	4:4	4 4 1 4 4	41	
IN O		N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the tile inspection.					ne or tne			
IN O	IN OOT IN/A		Food-contact surfaces cleaned & sanitized				IN = in compliance N/A = not applicable					t in complian	ice		
IN o				per disposition of returned, previously served, nditioned, and unsafe food					= not appi S=Correcte		N/O = not e R=Repea				
			,		OOD RE	TAIL I	PRAC <sup>1</sup>	TICES							
	OUT		Good Retail Practices are prev						nogens, ch				ods.		T 5
IN	OUT	Paste	Safe Food and Wa urized eggs used where require		cos	R	IN	OUT	In-use u	Proper Use of Utensils eutensils: properly stored			COS	R	
			and ice from approved source	<u> </u>					Utensils	s, equipment and linens: properly stored, o			ed, dried,		
			Food Temperature Co	ontrol			handle			d -use/single-service articles: properly stored, used				1	
	Adequate equipment for ten Approved thawing methods		ate equipment for temperature control				1			s used properly				1	
											ils, Equipment				
		Thermometers provided and accurate		•							d-contact surfact		e, properly	′	
			Food Identificatio	n					Warewa strips us		cilities: installed,	maintained,	used; test	t	
		Food	properly labeled; original contai								surfaces clean				
		Innoct	Prevention of Food Conta						Hot and	cold wat	Physical Faci		uro		-
	Insects, rodents, and animals not present Contamination prevented during food prep					1				er available; ad d; proper backf		ouic			
	and display  Personal cleanliness: clean outer clothing, h			, , ,			-			and wantowater properly disposed				-	
fingernails and jewelry						<u> </u>		Sewage	rage and wastewater properly disposed						
Wiping cloths: properly used and stored		ed							roperly construc						
		ruits	and vegetables washed before	use			-				oroperly dispose installed, main				-
Perso	n in Ch	arge /T	itle: PD /	)	l		1	<u> </u>	i riyaica		Date:	anica, and C	, cui	1	<u> </u>
			" H. Lunkee	/		-			1						
Insped	ctor:	atthy	n feaut			Ге	iepho	ne No	.   PHE		Follow-up: Follow-up Da	te:	Yes		No



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## FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMEN	T NAME	ADDRESS		CITY/ZII	ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° F		
Code		PRIORITY	/ ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIVED	elimination, prevention or reduct /E IMMEDIATE ACTION within	ion to an acceptable level, haza 72 hours or as stated.	rds associate	d with foodborne illness	(date)		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOI	CORE I n, operational controls, facilities o Ps). These items are to be corr	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial	
		EDUCATION PRO	VIDED OR COMMENTS					
Person in Ch	arge /Title: Lunkee	)			Date:			
	Catchin fecunt		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	

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