

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MANUTH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE M. ESTABLISHMENT NAME: OWNER:									COMPL	Y 			
ADDRESS:				ESTABLISHMENT NUMBER			NUMBER	R: COUNTY:					
CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY: H	М	L		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DEL				GROCERY STORE				RE	INSTITUTION MOBILE V	ENDOR	S		
PURPOSE Pre-openir		SCHOOL SENIC Routine Follow-up		MER F. Othe		·	AVEF			TEMP.FOOD			
FROZEN DES	SERT	<u> </u>	SEWAGE DISPOS			ER S							
			PUBLI PRIVA	ı				TY		NON-COMMUNITY PRIVATE Date Sampled Results			
			RISK FAC	TORS	AND	INTE	RVE	NTIONS					
		reparation practices and emploeaks. Public health intervention								trol and Prevention as contributing factor	rs in		
Compliance	o outs. c	Demonstration of		COS			mplian		<i>y</i> .	Potentially Hazardous Foods	COS	S R	
IN OUT		Person in charge present, der	monstrates knowledge,			IN	OUT	N/O N/A	Proper o	cooking, time and temperature			
		and performs duties Employee F	lealth				OUT	N/O N/A		reheating procedures for hot holding			
IN OUT		Management awareness; poli	cy present			_	OUT	N/O N/A	Proper o	cooling time and temperatures			
IN OUT		Proper use of reporting, restri		_			OUT	N/O N/A					
IN OUT N/O		Good Hygienic Proper eating, tasting, drinking		-			OUT	N/A N/O N/A		cold holding temperatures date marking and disposition			
IN OUT N/O		No discharge from eyes, nose						N/O N/A	Time as	Time as a public health control (procedures /			
		Proventing Contamin	ation by Hands		-	111	001	14/0 14/7	records)	Consumer Advisory			
IN OUT N/O		Preventing Contamin Hands clean and properly was				INI	OUT	N/A	Consum	ner advisory provided for raw or			
IN OUT N/O		No bare hand contact with rea	adv to got foods or			IIN	001	IN/A	underco	oked food Highly Susceptible Populations			
IN OUT N/O		approved alternate method pr	operly followed							rigilly Susceptible Populations			
IN OUT		Adequate handwashing facilit accessible	es supplied &			IN	OUT	N/O N/A	Pasteuri offered	zed foods used, prohibited foods not			
		Approved S	ource						0110100	Chemical			
IN OUT		Food obtained from approved Food received at proper temp				IN	OUT	N/A		ditives: approved and properly used bstances properly identified, stored and			
IN OUT N/C) N/A					IN	OUT		used	ibstances properly identified, stored and			
IN OUT		Food in good condition, safe a				Conformance with Approved Procedures Compliance with approved Specialized Process							
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction			IN	IN OUT N/A and HACCP plan									
		Protection from Co					1.00	1. 0. 1.6	. 6 1. 21		. 6 (1)		
IN OUT	N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the time of the inspection.					of the		
IN OUT N/A Food-contact surfaces cleaned & sanitized			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed										
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food								ed On Site					
				OOD RE									
IN OUT		Good Retail Practices are prev		ntrol the	introc	duction	of pa				000		
IN OUT	Paster	Safe Food and Wa urized eggs used where require		COS	ĸ	IIN	001			Proper Use of Utensils Operly stored	cos	R	
		and ice from approved source	u							nt and linens: properly stored, dried,			
		F I T						handle					
	Adequ	Food Temperature Co ate equipment for temperature				1			use/single-	service articles: properly stored, used erly			
		ved thawing methods used	00111101						Utensil	ls, Equipment and Vending			
	Therm	ometers provided and accurate								l-contact surfaces cleanable, properly			
	Food Identification		n					Warew	ed, constructed, and used ashing facilities: installed, maintained, used; test				
	Food properly labeled; original container				1		strips u	sed d-contact surfaces clean					
	Prevention of Food Contamination							Physical Facilities					
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage							d cold water available; adequate pressure ing installed; proper backflow devices					
	and display Personal cleanliness: clean outer clothing, hair restraint,				1						1		
	fingernails and jewelry						age and wastewater properly disposed						
	Wiping	cloths: properly used and stor and vegetables washed before	ed			1				operly constructed, supplied, cleaned roperly disposed; facilities maintained			
						1	1			installed, maintained, and clean			
Person in Cha	arge /T	itle: 70 le Fed	Der					. , , , , , , , ,		Date:		•	
Inspector: /	.11				Те	lepho	ne No	o. EPH	HS No. F	Follow-up: Yes	N	10	
Cothyn from							F	Follow-up Date:					

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

FOOD	FSTARI	ISHMENT	INSPECTIO	N REPORT
OOD	LOIADL		INSELUTIO	

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	LOCATION		ı°F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction /E IMMEDIATE ACTION within 72	ITEMS in to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial	
Code	or injury. These items into a record	CORE IT				Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or	structures, equipment design,	general maint	enance or sanitation stated.	(date)	IIIIIIai	
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		EDUCATION PROV	IDED OR COMMENTS					
Person in Ch	arge /Title: 70 W. Feb. a				Date:			
Inspector:	atity of fecul		Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	