

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 F	ROUTINI	E INSPE	CTION, OR SUCH S	HORTER PER	RIOD OF TIME AS	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REGU	ACILITIES WHICH MUST BE CORRECTED TO SELECTION OF THE PROPERTY				
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOT ESTABLISHMENT NAME: OWNER:						MAY RESULT IN CESSATION OF YOUR FOOL					<u>OKTOOD</u>	PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT N				HMENT	NUMBER	R: COUNTY:				
CITY/ZIP: PHONE:					PHONE:	FAX:						P.H. PRIORITY: H	М	L		
						ELI GROCERY STORE JMMER F.P. TAVERN						E INSTITUTION MOBILE VENDORS TEMP.FOOD				
PURPO	OSE Pre-oper	ning	Routine	Follow-up	Complaint	Oth	ner									
					SEWAGE DISPO PUBL						NON-COMMUNITY PRIVATE					
	Licens	e No		_	PRIV						Date Sa	ampled Results				
			•		RISK FA											
			reparation practices eaks. Public health									rol and Prevention as contributing factor	ors in			
Compli		oc outpi		nstration of Kn		COS			mpliance		, . 	Potentially Hazardous Foods	CO	S R		
IN C	OUT		Person in charge present, demonstrates knowledge,					IN	OUT	N/O N/A	Proper cooking, time and temperature					
-			and performs dutie	Employee Hea	lth			IN	OUT	N/O N/A	Proper r	reheating procedures for hot holding				
	OUT		Management awar	reness; policy	present			_		N/O N/A	A Proper cooling time and temperatures					
IN (TUC		Proper use of repo	orting, restriction d Hygienic Pra					OUT OUT	N/O N/A N/A						
IN C	OUT N/	0	Proper eating, tast	ing, drinking o	r tobacco use					N/O N/A	Proper d	ate marking and disposition				
IN (N TUC	О	No discharge from	eyes, nose ar	nd mouth			IN	OUT	N/O N/A	Time as a public health control (procedures /					
			Preventing	g Contamination	on by Hands						records)	Consumer Advisory				
IN (OUT N/	0	Hands clean and p			IN	OUT	N/A		er advisory provided for raw or						
IN (OUT N/	0	No bare hand cont							bked food Highly Susceptible Populations						
		0	approved alternate						Destavale							
IN C	DUT		Adequate handwa accessible			IN	OUT	N/O N/A	offered	zed foods used, prohibited foods not						
IN (Approved Sour				INI	OUT	N/A	Food od	Chemical				
IN OUT N/O N/A			Food obtained from approved source Food received at proper temperature					1				ditives: approved and properly used bstances properly identified, stored and	t			
IN OUT		Food in good condition, safe and unadulterated								Conformance with Approved Procedures						
IN C	IN OUT N/O N/A		Required records available: shellstock tags, parasite destruction					IN	IN OUT N/A		Compliance with approved Specialized Process and HACCP plan					
				ion from Conta	amination				1-444	- 41 1-64 -	of and the state of the state o					
	DUT	N/A	Food separated ar				The letter to the left of each item indicates that item's status at the tin inspection.									
IN (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/	0	Proper disposition of returned, previously served, reconditioned, and unsafe food						COS=Corrected On Site R=Repeat Item							
						SOOD RE	ETAIL	PRACT	ΓICES							
					ative measures to o			_		nogens, ch		nd physical objects into foods.	cos			
IN	OUT	Paster	Safe Fo		COS	R	IN	OUT	In-use i	Proper Use of Utensils e utensils: properly stored			R			
			urized eggs used where required and ice from approved source							Utensils	s, equipmer		+			
			Food Temperature Control							handled	d use/single-service articles: properly stored, used					
		Adequ	ate equipment for te	ntrol						used prope						
			ved thawing method							F 1		s, Equipment and Vending				
		Therm	nometers provided a								-contact surfaces cleanable, properly cted, and used					
			Food I	dentification						Warewa	ashing facili	ities: installed, maintained, used; test				
		Food	properly labeled; original	ninal container				-		Strips us		urfaces clean				
		1 000	Prevention of									Physical Facilities				
			s, rodents, and anim					_				r available; adequate pressure				
		and di			<u>L_</u>	L		Plumbing inst			nstalled; proper backflow devices					
			nal cleanliness: clea	g, hair restraint,					Sewage	and waste	ewater properly disposed					
		Wiping	nails and jewelry g cloths: properly use	ed and stored				+		Toilet fa	acilities: pro	pperly constructed, supplied, cleaned	+	+		
	Fruits and vegetables washed before use				Э					Garbag	e/refuse pr	operly disposed; facilities maintained				
Porc	on in C	harge /T	itle:oo	ı k						Physica		nstalled, maintained, and clean Oate:				
1 615	OI III OI	iaiye / I	itle: Matt P	oddoke	^							aic.				
Inspe	ector:	Voltu	mo fecult	· V			Te	elepho	ne No	. EPH		follow-up: Yes	1	No		



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

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMEN [*]	T NAME	ADDRESS		CITY/ZII	CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	L / LOCATION		TEMP. in ° F	
Code		PRIORITY	ITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction E IMMEDIATE ACTION within 7	on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	(date)		
Code	0	CORE IT	EMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities or s). These items are to be corre	structures, equipment design, cted by the next regular insp	general maint pection or as	enance or sanitation stated.	(date)	0	
							R	
		EDIJCATION DDOL	/IDED OR COMMENTS					
		EDUCATION PROV	TIDED OK COMMENTS					
Person in Ch	large /Title: Math (Koulde	fer .			Date:			
Inspector:	large /Title:Math Boydson	V	Telephone No.	EPHS No.	Follow-up:	Yes	No	
	Damily Krong,				Follow-up Date:			

MO 580-1814 (9-13)

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