

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	INSPE	TION THIS DAY, THE ITEMS N CTION, OR SUCH SHORTER P FOR CORRECTIONS SPECIF	ERIOD OF TIME AS M	1AY BE S	PECI	IFIED I	N WRI	TING BY 1	THE RE	GULA	TORY AUTHORITY.				=
			OWNER:								PERSON IN CHARGE:				
ADDRESS:						ESTABLISHMENT NUMBER				BER:	COUNTY:				
CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY :	Н	М	L			
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI								RE		ISTITUTION MOBILE V		VENDOF	RS	_	
PURPOSE Pre-open		SCHOOL SENIO Routine Follow-up		MMER F.I Othei			AVER	N		IE	MP.FOOD				
FROZEN DE Approved		approved Not Applicable	SEWAGE DISPOS	SAL \	NAT	ER S	UPPL`		NON	-COM	IMUNITY	PRIVAT	 E		
License	e No		PRIVA						Date	Sam	pled	Results	·		
		<u>.</u>	RISK FAC	TORS A	AND	INTE	RVEN	TIONS							
		preparation practices and emploreaks. Public health intervention								ontrol	and Prevention as cor	ntributing fac	tors in		
Compliance	oo oato.	Demonstration of		COS	R		mpliance		, .	P	otentially Hazardous F	oods	CC	OS	R
IN OUT		Person in charge present, den and performs duties	nonstrates knowledge,			IN (OUT	N/O N/A	Prope	er cook	king, time and tempera	ature			
		Employee H	ealth			IN (TUC	N/O N/A	Prope	er rehe	eating procedures for	hot holding		-	_
IN OUT		Management awareness; police	<i>,</i> ,			_		N/O N/A			ing time and temperat	ures			
IN OUT		Proper use of reporting, restrict Good Hygienic					OUT OUT	N/O N/A N/A			nolding temperatures holding temperatures				_
IN OUT N/C		Proper eating, tasting, drinking No discharge from eyes, nose				IN	OUT	N/O N/A		Proper date marking and disposition Time as a public health control (procedures /					
IN OUT N/O)	No discharge nom eyes, nose	and moun			IN	OUT	N/O N/A	recor		,,				
		Preventing Contamina Hands clean and properly was							Cons	umer	Consumer Advisory advisory provided for r			_	
IN OUT N/C)	,				IN	OUT	N/A	undercooked food						
IN OUT N/C)	No bare hand contact with rea approved alternate method pro								Hig	ghly Susceptible Popu	lations			
IN OUT		Adequate handwashing faciliti accessible				IN (OUT	N/O N/A	Paste		foods used, prohibite	d foods not			
		Approved So	ource						Ollere	zu	Chemical			-	_
IN OUT		Food obtained from approved				IN				tives: approved and properly used stances properly identified, stored and					
IN OUT N/	O N/A	Food received at proper temporal	erature			IN	OUT		used	SUDST	ances properly identifi	ed, stored ar	10		
IN OUT Food in good condition, safe and unadulterated						Compliance with a			nance with Approved I with approved Specia		20				
IN OUT N/O N/A Required records available: shellstock tags, paras destruction					IN	OUT	N/A		HACCE		alized Froces	55			
ni OUT		Protection from Co Food separated and protected			-	Tho	lottor t	o the left o	of oach i	itom in	dicates that item's stat	tue at the tim	o of the		
Food contest surfaces alreaded 0 contined						The letter to the left of each item indicates that item's status at the time o inspection.					e oi tile				
IN OUT IN/A					-	IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed									
IN OUT N/C)	reconditioned, and unsafe foo						S=Correcte		Site	R=Repeat Item				
		Cood Potail Practices are prove		OOD RET				nogono ob	omical	o and	nhygigal abjects into fo	ando.			
IN OUT		Good Retail Practices are prevenues Safe Food and Water		COS	R	IN	OUT	logeris, cri	lemicas		er Use of Utensils	ous.	COS	R	_
		urized eggs used where require								prope	rly stored				_
	Water	and ice from approved source						Utensils		ment a	ind linens: properly sto	ored, dried,			
		Food Temperature Co						Single-u	use/sing		vice articles: properly	stored, used			
		uate equipment for temperature	control					Gloves				-	_		
		ved thawing methods used nometers provided and accurate						Food an			Equipment and Vendin ntact surfaces cleanal				_
		·						designe	d, cons	tructed	d, and used				
		Food Identification	l					strips us	arewashing facilities: installed, maintained, uso rips used			u, usea, test			
	Food	properly labeled; original contain					Nonfood-contact surfaces clean							_	
	Insect	Prevention of Food Contamination cts, rodents, and animals not present				1		Physical Facilities Hot and cold water available; adequate pressure						_	
	Conta	stamination prevented during food preparation, storage				1		Plumbing installed; proper backflow devices							
		nd display Personal cleanliness: clean outer clothing, hair restraint,		+				Sewage	and w	astewa	ater properly disposed			-	_
	fingernails and jewelry Wiping cloths: properly used and stored							Toilet facilities: properly constructed, supplied, cleaned							
		and vegetables washed before			Garbage/refuse properly disposed; facilities maintai			maintained			_				
Dorson in Oi	ores /T	itle:	_					Physica	l facilitie		alled, maintained, and	clean			_
Person in Ch	iaige / I	IIIE. K // VO	38							Date	Ե.				
Inspector:	V	W Mus	V		Tel	lepho	ne No	. PHE	S No.		ow-up: ow-up Date:	Yes		No	
MO 580-1814 (9-13)	Í		DISTRIBUTION: WHITE	- OWNER'S	COPY			CANARY - F	ILE COPY					E6.3	37



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

FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	TY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	TION	TEMP. i	in ° F	
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY I e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial	
							KM	
							KM	
							.,	
							KM	
							KM	
							11 M	
Code		CORE ITE	MS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOI	n, operational controls, facilities or s	tructures, equipment design,	general maint pection or as	enance or sanitation stated.	(date)		
							KM	
							KM	
							KM	
							KM	
							1/	
							KM	
							KM	
	1	EDUCATION PROVI	DED OR COMMENTS				ı	
Person in Ch	narge /Title:	788			Date:			
Inspector:	My Mas		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No	