

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN	TIME OUT				
DATE	PAGE 1 of				

			CTION, OR SUCH SHORTER F FOR CORRECTIONS SPECIF									Y. FAILURE	TO COM	PLY	
				OWNER:					PERSON IN CHARGE:						
ADDRESS:										R: COUNTY:					
CITY/ZIP: PHONE:						FAX:				P.H. PRIORIT	Y: H	М	L		
ESTABLISHM BAKEI		YPE	C. STORE CATE	DED DI	ELI	•	(	POCE	RY STOR	Ē	INSTITUTION	MORII	_E VEND	APS	
REST		.NT			MMER	F.P.		AVERN		·L	TEMP.FOOD	WODII	L VLIND	JNJ	
PURPOSE Pre-op	ening		Routine Follow-up	Complaint	Otl	ner									
FROZEN I	DESS	SERT		SEWAGE DISPO	SAL	WAT	ER S	UPPL\	Y						
Approved Disapproved Not Applicable				_	PUBLIC PRIVATE						NON-COMMUNITY PRIVATE Date Sampled Results				
Lice	nse N	0		RISK FAI		S AND	INTE	RVEN <sup>-</sup>	TIONS						
Risk factors	<b>s</b> are f	food p	reparation practices and emplo							ease Cor	ntrol and Prevention as	contributing	factors in		
foodborne ill			aks. Public health intervention	ons are control measur	es to pr	event fo	oodbor	ne illne:	ss or injury						
Compliance			Demonstration of	•	COS R			<del>1 '</del>			Potentially Hazardous Foods  Proper cooking, time and temperature			cos	R
IN OUT			Person in charge present, der and performs duties	nonstrates knowledge	1		IN (	TUC	N/O N/A	Proper	cooking, time and tem	perature			
			Employee F				IN OUT N/O N/A Proper reheating proc				<u> </u>		ıg		
IN OUT			Management awareness; poli				IN OUT N/O N/A Proper cooling time and temperatures  IN OUT N/O N/A Proper hot holding temperatures								
IN OUT			Proper use of reporting, restri								cold holding temperatu				
IN OUT I	N/O		Proper eating, tasting, drinking	g or tobacco use				OUT N/O N/A Proper date			date marking and disp	e marking and disposition			
IN OUT	N/O		No discharge from eyes, nose	and mouth			IN	TUC	N/O N/A	Time as records	s a public health contro	ol (procedures	s /		
			Preventing Contamin	ation by Hands						records	Consumer Adv	isory			
IN OUT I	N/O		Hands clean and properly was				IN	OUT	N/A		mer advisory provided				
IN OUT	N/O		No bare hand contact with rea	ady-to-eat foods or			1			underco	ooked food Highly Susceptible P	opulations			
	IV/O		approved alternate method pr										,		
IN OUT Adequate handwashing facilities su accessible			ies supplied &			IN (	IN OUT N/O N/A Pasteuriz			rized foods used, proh	ibited foods n	ot			
Approved Source			ource							Chemical					
IN OUT Food obtained from approved source							Toyio oubot			dditives: approved and ubstances properly ide	properly use	d			
IN OUT N/O N/A Food received at proper temperature			erature			IN	OUT		used	ubstances properly ide	enunea, storet	anu			
		Food in good condition, safe a						Conformance with Approved Procedures  Compliance with approved Specialized Process							
IN OUT N/O N/A Required records available: shellsto destruction			nelistock tags, parasite	'		IN	OUT	N/A		ance with approved Sp CCP plan	ecialized Pro	cess			
			Protection from Co												
IN OUT		N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the inspection.					time of th	е		
IN OUT		N/A	Food-contact surfaces cleane	d & sanitized	IN = in compliance										
IN OUT	N/O		Proper disposition of returned				N/A = not applicable N/O = not observed COS=Corrected On Site R=Repeat Item								
			reconditioned, and unsafe foo		OOD R	FTAII F			5-Correcte	d On Site	K-Nepeat item				
			Good Retail Practices are prev	-					ogens, ch	emicals,	and physical objects in	to foods.			
IN OUT Safe Food and Water				COS F			OUT	Proper Use of Utensils			CC	S R	2		
			eurized eggs used where required er and ice from approved source				1			se utensils: properly stored sils, equipment and linens: properly stored, dried,			1		
	'	valei	and ice nom approved source						handled		ent and intens. propert	t and interis. property stored, dried,			
			Food Temperature Co							ingle-use/single-service articles: properly stored, used					
			ate equipment for temperature yed thawing methods used	control					Gloves	used prop	perly sils, Equipment and Ve	ndina			
			ometers provided and accurate	)					Food an		d-contact surfaces cle		rly		
	_						1			designed, constructed, and used			4		
			Food Identification	n						Warewashing facilities: installed, maintained, used; test strips used			est		
	F	ood p	properly labeled; original contain				Nonfood-contact surfaces clean								
	1	nsecto	Prevention of Food Conta s, rodents, and animals not pres				+		Hot and	cold wate	Physical Facilities er available; adequate	pressure		_	
			mination prevented during food			1	1				d; proper backflow dev			-	
			display onal cleanliness: clean outer clothing, hair restraint,			-	1		Source-						
			ial cleanliness: clean outer clot ialls and jewelry		<u>l</u>	1		Sewage	Sewage and wastewater properly disposed						
	١	Wiping cloths: properly used and stored							Toilet facilities: properly constructed, supplied, cleaned						
	Fruits and vegetables washed before use				+	+		Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean				ea	-+		
Person in	Char	ge /Ti	tle: Francisco I +6:	agast to the	A	1.4	-		,51001		Date:	5.5411	<u> </u>		
			(maicia inis r	upore co che	own	v.	11	<b>h</b> !	T 5: :=	0.11		.,			
Person in Charge /Title: mailed this report to the owner.  Inspector: May Vally Pour Distribution: WHITE - OWNER'S CL.					le	iepnoi	ne No.	PHE		Follow-up: Follow-up Date:	Yes		No		
MO 580-1814 (9	9-113)	V	/	DISTRIBUTION: WHIT	E – OWNE	R'S COPY	,		CANARY - FI					E6	3.37

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



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ESTABLISHMENT NAME			ADDRESS			CITY/ZII	CITY/ZIP			
FOO	FOOD PRODUCT/LOCATION				FOOD PRODU	JCT/ LOCAT	TION	TEMP. in ° F		
				TEMP. in ° F FOOD PRODUCT/						
Code Reference	Priority items contri or injury. <b>These ite</b>	bute directly to the eli	PRIO mination, prevention or r IMMEDIATE ACTION w	ORITY ITEMS eduction to an a ithin 72 hours o	cceptable level, haza or as stated.	ırds associate	d with foodborne illness	Correct by (date)	Initial	
Code Reference	CORE ITEMS  Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.								Initial	
EDUCATION PROVIDED OR COMMENTS										
<u> </u>	TT'U									
Person in Ch	narge /Title: Mu	ailed this re	port to the ou	mer.			Date:			
Inspector:	Veryng Mackey	Kathyw Rout	port to the ou	NER'S COPY	Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No E6.37A	