

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	CTION, OR SUCH SHORTER PER	RIOD OF TIME AS MA	Y BE SPE	CIFIED I	N WRIT	ING BY T	HE REG	FACILITIES WHICH MUST BE CORRE ULATORY AUTHORITY. FAILURE TO			
	TH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED STABLISHMENT NAME:				SATIO			PERSON IN CHARGE:			
ADDRESS:	1	EST	ABLISH	IMENT I	NUMBE	R: COUNTY:	COUNTY:				
CITY/ZIP:		PHONE:		FAX	FAX:			P.H. PRIORITY : H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE		l Mer F.P.		GROCEF	RY STOR	E	INSTITUTION MOBILE TEMP.FOOD	'ENDOR	₹S	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Dis- License No.				NON-COMMUNITY PRIVATE Date Sampled Results							
License No.		RISK FACT		D INTE	RVENT	IONS					
								ntrol and Prevention as contributing fact	ors in		
foodborne illness outbr Compliance	eaks. Public health interventions Demonstration of Kn				ne illnes: mpliance	s or injury		Potentially Hazardous Foods	CO	DS F	
IN OUT	Person in charge present, demor	<u> </u>		_	DUT N	/O N/A	Proper	cooking, time and temperature			
	and performs duties Employee Hea	lth	├ ──┼	IN (/0 N/A	Proper	reheating procedures for hot holding	_	\rightarrow	
IN OUT	Management awareness; policy	oresent		IN (N TUC	/O N/A	Proper cooling time and temperatures				
IN OUT	Proper use of reporting, restrictio Good Hygienic Pra						Proper hot holding temperatures Proper cold holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking or	r tobacco use				IT N/O N/A Pr		date marking and disposition			
IN OUT N/O	No discharge from eyes, nose an	id mouth		IN	OUT N	/O N/A	Time as records	s a public health control (procedures /			
	Preventing Contamination						Canaur	Consumer Advisory			
IN OUT N/O	IN OUT N/O Hands clean and properly washed			IN				onsumer advisory provided for raw or ndercooked food			
IN OUT N/O	No bare hand contact with ready approved alternate method proper							Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities			IN (IN OUT N/O N/A		Pasteurized foods used, prohibited foods not				
	accessible Approved Sour	се				-	offered	Chemical			
IN OUT Food obtained from approved source				IN	OUT	N/A		dditives: approved and properly used			
IN OUT N/O N/A	IN OUT N/O N/A Food received at proper temperatu			IN			l oxic s used	ubstances properly identified, stored an	a		
IN OUT	Food in good condition, safe and unadulterat							nformance with Approved Procedures ance with approved Specialized Proces	-		
IN OUT N/O N/A	destruction			IN				CCP plan	5		
	Protection from Conta Food separated and protected	mination		The	lottor to	the left of	oooh ito	m indicates that item's status at the tim	of the		
IN OUT N/A	Food separated and protected Food-contact surfaces cleaned & sanitized			insp							
	JT N/A Pood-contact surfaces cleaned & sanitized Proper disposition of returned, previously served,			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT N/O reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item							
	Cood Datail Drastians are provent		OD RETAI			anna ah	minala	and physical chicate into foods			
IN OUT	Good Retail Practices are preventa Safe Food and Water		COS R		OUT	gens, che		Proper Use of Utensils	COS	R	
	urized eggs used where required							roperly stored			
water	Water and ice from approved source					handled	equipme	ent and linens: properly stored, dried,			
Adag	Food Temperature Contro				Single-use		se/single-service articles: properly stored, used used properly				
	Adequate equipment for temperature contr Approved thawing methods used					Gloves L		ils, Equipment and Vending		+	
Thern						and nonfood-contact surfaces cleanable, proper ined, constructed, and used					
Food Identification						Warewa	shing fac	cilities: installed, maintained, used; test		+	
Food properly labeled; original container				_	strips used Nonfood-contact surfaces clean						
	nation						Physical Facilities				
	ts, rodents, and animals not presen amination prevented during food pre							er available; adequate pressure d; proper backflow devices		+	
and d	and display						-				
finger	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage	and was	tewater properly disposed			
Wipin	Wiping cloths: properly used and stored					Toilet fac					
Fruits and vegetables washed before use								properly disposed; facilities maintained installed, maintained, and clean			
Person in Charge /T	Title:						1	Date:			
Inspector: /	- Pao t		П	elepho	ne No	PHE	S No	Follow-up: Yes		No	
Cally kan								Follow-up Date:			
MO 580-1814 (9-13)	•	DISTRIBUTION: WHITE -	OWNER'S CO	PY	C	ANARY – FI	LE COPY			E6.37	



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ESTABLISHMENT NAME		ADDRESS			CITY /ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F	T/ LOCATI	/ LOCATION		۱°F			
Code		PRIORITY IT	EMS			Correct by	Initial		
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	to an acceptable level, hazard hours or as stated.	is associated	with foodborne lliness	(date)			
Code Reference	Core items relate to general sanitatior	CORE ITEI	MS ructures, equipment design, de	oneral mainte	enance or sanitation	Correct by (date)	Initial		
	standard operating procedures (SSOF	Ps). These items are to be correct	ed by the next regular inspec	ction or as s	stated.	(0010)			
			DED OR COMMENTS						
			JED OR CONNICINIS						
	Int				_				
Person in Ch	harge /Title:				Date:				
Inspector:	attens blant			PHES No.	Follow-up: Follow-up Date:	Yes	No		
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