

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 MAY BE SPEC WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT ESTABLISHMENT NAME: OWNER:													_		
ADDRESS:					ESTABLISHMENT NUMBER:				ER:	COUNTY:					
CITY/ZIP: PHONE:				FAX					P.H. PRIORITY :	Н	М	L			
ESTABLISHMEN BAKERY	T TYPE	C. STORE CATE	RER DEI	1			SBUCE	ERY STOR)	INI	STITUTION	MOBILE	/ENDO	DS.	
RESTAUF PURPOSE	RANT			MER F.F	P		AVERI		·L		MP.FOOD	WOBILL	LINDO	NO	
Pre-openi	ng	Routine Follow-up	Complaint	Other											
FROZEN DE		approved Not Applicable	SEWAGE DISPOS				UPPL'		NON	COM	MUNUTY	PRIVATI	=		
License		аррголей Постирисавіе	PUBLI PRIVA			COMMUNITY NON-COMMUNITY PRIVATI Date Sampled Results									_
License	: NO				ND	INTE	RVEN	TIONS							
RISK FACTORS AND INTERVENTIONS Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.															
Compliance	ss outbre	eaks. Public health intervention of		cos cos	ent fo		ne Illne mpliance		y. Potentially Hazardous Foods			C	OS	R	
IN OUT		Person in charge present, der	•			t	-	N/O N/A	Dronor cooking time and temperature						
114 001		and performs duties Employee F	lealth					N/O N/A	Prone			 			
IN OUT		Management awareness; poli	cy present					N/O N/A	A Proper cooling time and temperatures						
IN OUT		Proper use of reporting, restriction Good Hygienic						N/O N/A	N/A Proper hot holding temperatures						L
IN OUT N/C)	Proper eating, tasting, drinking					OUT OUT	N/A N/O N/A			marking and disposition	on			\vdash
IN OUT N/C)	No discharge from eyes, nose	and mouth					N/O N/A	Time a	as a pı	ublic health control (pro				
		Preventing Contamin	ation by Hands				· ·		record	ds)	Consumer Advisory				-
IN OUT N/O)	Hands clean and properly was				IN	OUT	N/A Consumer advisory provided for raw or							
		No bare hand contact with rea	dv-to-eat foods or			underco					ked food Highly Susceptible Populations				-
IN OUT N/C)	approved alternate method pr	operly followed												L
IN OUT Adequate handwashing facilities supplied & accessible					IN (TUC	N/O N/A	оттегеа			1 toods not				
IN OUT		Approved S					OUT	N1/A	Chemical Food additives: approved and properly used					L	
	Food received at preparation								es: approved and propances properly identifie		d		-		
IN OUT	J IN/A					IIN	001	used Conformance with Approved Procedures					_		\vdash
Required records available: shellstock tags, parasite						OUT				with approved Special		s		\vdash	
IN OUT N/O N/A destruction					IIN	IN OUT N/A and HACCP plan									
Protection from Contamination IN OUT N/A Food separated and protected						The	letter t	o the left o	f each it	tem inc	dicates that item's statu	us at the tim	e of the		
IN OUT N/A Food-separated and protected IN OUT N/A Food-contact surfaces cleaned & sanitized					insp	ection.	in complia	2000		OUT = not in compliar	200				
IN OUT NO Proper disposition of returned, previously served,					N/A = not applicable N/O = not observed										
114 001 14/0	,	reconditioned, and unsafe foo		OOD RET	AII F			S=Correcte	ed On Si	ite	R=Repeat Item				
		Good Retail Practices are prevent						nogens, ch	emicals	, and c	physical objects into fo	ods.			
IN OUT		Safe Food and Wa		COS	R	IN	OUT				er Use of Utensils		COS	R	.
		urized eggs used where require and ice from approved source	d								rly stored nd linens: properly stor	rod dried			
	vvalei							handled	<u> </u>						
	Adogs	Food Temperature Co late equipment for temperature							use/singl		rice articles: properly s	tored, used			
		ved thawing methods used	CONTROL					Gioves			quipment and Vending	1			
	Therm	hermometers provided and accurate							and nonfood-contact surfaces cleanable, properly						
		Food Identification						Warewa	ed, constructed, and used /ashing facilities: installed, maintained, used; test						
	Food	Food properly labeled; original container						Strips us	used ood-contact surfaces clean						
		Prevention of Food Contamination					Physical Facilities								
		Insects, rodents, and animals not present Contamination prevented during food preparation, storage						Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices					+		
	and di	and display Personal cleanliness: clean outer clothing, hair restraint,								·			_		
	finger	nails and jewelry							ge and wastewater properly disposed						
		g cloths: properly used and stor									ly constructed, supplie				_
	riuits	and vegetables washed before	uoc			1					rly disposed; facilities alled, maintained, and			+	_
Person in Ch	arge /T	itle: {p >	_	•				•		Date			•		
Inspector:	at.1. 1	W BONK			Tel	epho	ne No	. PHE	S No.		ow-up:	Yes		No	_
\sim	Num	NO ISSUES IN THE INTERPRETATION OF THE INTER			1			1		1-OIIC	ow-up Date:				

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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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIF)		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUC	CT/ LOCAT	ION	TEMP. ii	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 n to an acceptable level, hazaro hours or as stated.	ds associated	d with foodborne illness	Correct by (date)	Initial
							LR
							1.1
							LA
							LR
Code		CORE ITI	EMS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or s	structures, equipment design, q	eneral maint	enance or sanitation stated.	(date)	IIIIII
							LP
							LR
							LA
							1 1
							.
							LR
		EDUCATION PROV	IDED OR COMMENTS				
Person in Ch	narge /Title: / s				Date:		
Inspector:	/Al. Do. J.		Telephone No.	PHES No.	Follow-up:	Yes	No
MO 580-1814 (9-13)	Cathlyn Heaust	DISTRIBUTION: WHITE - OWNER'S CO		IDV	Follow-up Date:		F6 37Δ



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ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	JCT/ LOCAT	ION	TEMP. ir	۱° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduction / E IMMEDIATE ACTION within 7.	ITEMS on to an acceptable level, haza 2 hours or as stated.	ards associate	d with foodborne illness	Correct by (date)	Initial		
	or injury. These items income Reserve								
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE IT , operational controls, facilities or s). These items are to be corre	structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
							La		
							LA		
							LA		
							LA		
							LA		
		EDUCATION DE C	UDED OD COMMENTS						
		EDUCATION PROV	IDED OR COMMENTS						
Person in Ch	narge /Title:				Date:				
Inspector:	Cathyn Rand		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No		

MO 580-1814 (9-13)