

#### 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 R	OUTINE	INSPE	TION THIS DAY, THE ITEMS N OTION, OR SUCH SHORTER P FOR CORRECTIONS SPECIE	ERIOD OF TIME AS N	/AY BE	SPEC	IFIED	IN WRI	TING BY 1	THE REG	ULA	TORY AUTHORITY. FA			
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS N ESTABLISHMENT NAME: OWNE			OWNER:						PERSON IN CHARC	GE:					
ADDRESS:						ESTABLISHMENT NUMBER:				COUNTY:					
CITY/				PHONE:		FAX: P.H. PRIORITY :				P.H. PRIORITY:	Н	М	L		
B R	ISHMEN AKERY ESTAU		C. STORE CATER SCHOOL SENIO		LI MMER F	F.P.		GROCE AVERN	RY STOR	E		STITUTION MP.FOOD	MOBILE V	'ENDOR	S
PURPO P	SE re-openi	ing	Routine Follow-up	Complaint	Oth	er									
			SEWAGE DISPOS PUBL	IC	C COMMUNITY NON-COMMUNITY PRIVAT					PRIVATE Results	_				
	License	No		PRIVA RISK FAC		AND	INITE		TIONS	Date	Jain		results		
Dick fo	otoro o	ro food r	preparation practices and employ							0000 Co	ntrol	and Provention as contri	buting foot	oro in	
foodbo	rne illne:		eaks. Public health intervention	ns are control measure	es to pre	vent fo	oodbor	ne illnes	ss or injury		HUOI	and Prevention as contin	bulling lack		
Complia	nce		Demonstration of Person in charge present, den	<u> </u>	cos	R	Со	mpliance	•	Dranar		otentially Hazardous Foo		CO	S R
IN O	UT		and performs duties	<b>3</b> ,			IN	OUT I	N/O N/A			ing, time and temperatur			
IN O	UT		Employee H Management awareness; police						N/O N/A			eating procedures for hot ing time and temperature			
	<u>UT</u> UT		Proper use of reporting, restrict						N/O N/A			nolding temperatures	:5		
INI O	UT N/C	`	Good Hygienic F					OUT	N/A			holding temperatures			
	UT N/0		Proper eating, tasting, drinking No discharge from eyes, nose						N/O N/A			marking and disposition ublic health control (proc			
IN O	OT N/C	,	Preventing Contamina	ation by Handa			IIN	001	N/O N/A	records	s) .	Consumer Advisory			
IN O	UT N/C	)	Hands clean and properly was				IN	OUT	N/A			Consumer Advisory advisory provided for raw or			
IN O	UT N/C	)	No bare hand contact with rea approved alternate method pro				undercooke				hly Susceptible Population	ions			
IN O	UT		Adequate handwashing facilitie accessible				IN OUT N/O N/A Pasteurize offered				foods used, prohibited fo	oods not			
			Approved So							Chemical					
IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature								itives: approved and properly used stances properly identified, stored and		d					
IN O	UT		Food in good condition, safe a	nd unadulterated			1				nforn	nance with Approved Pro	ocedures		
IN O	UT N/0	O N/A	Required records available: sh destruction	nellstock tags, parasite			IN OUT N/A Compliance with approved Specialized Procure and HACCP plan			ed Process	S				
			Protection from Co												
IN O	UT	N/A	Food separated and protected					letter to ection.	the left o	f each ite	m in	dicates that item's status	at the time	e of the	
IN O	UT	N/A	Food-contact surfaces cleaned	d & sanitized		IN = in compliance				OUT = not in complianc	e				
IN C	UT N/C	)	Proper disposition of returned, reconditioned, and unsafe food						= not appl S=Correcte		e	N/O = not observed R=Repeat Item			
			reconditioned, and dissale look		OOD RE	TAIL	PRACT				-				
			Good Retail Practices are preve		ontrol the	e introd	duction	of path	ogens, ch				ds.		
IN	OUT	Pacto	Safe Food and Wat urized eggs used where required		cos	R	IN	OUT	In uso u			er Use of Utensils		COS	R
			and ice from approved source	u .					In-use utensils: properly stored  Utensils, equipment and linens: properly stored, dri handled			d, dried,			
		A 1	Food Temperature Co	ntrol					Single-u	Single-use/single-service article		vice articles: properly stor	red, used		
			uate equipment for temperature oved thawing methods used	control			-		Gloves used properly			equipment and Vending			
			nometers provided and accurate							Food and nonfood-contact		ntact surfaces cleanable,	, properly		
			Food Identification	1			-			designed, constructed, and used Warewashing facilities: installed, m			ised: test		
									strips used						
		Food	properly labeled; original contain Prevention of Food Conta						Nonfood-contact surfaces clean Physical Facilities						
			Insects, rodents, and animals not present								er av	ailable; adequate pressu	ıre		
		Contamination prevented during food preparation, storage and display		preparation, storage					Plumbin	Plumbing installed; proper backflow devices					
	Personal cleanliness: clean outer clothing, hair restrain fingernails and jewelry		ning, hair restraint,					Sewage	Sewage and wastewater properly disposed						
	Wiping cloths: properly used and stored						Toilet facilities: properly constructed, supplied, cleaned								
<b>—</b>		Fruits	and vegetables washed before	use			-					erly disposed; facilities ma alled, maintained, and cle			
Perso	n in Ch	arge /T	itle: Lala Hard	$\overline{}$				1	i ilysica		Date			1	1
			itle: Holly Mask	/ <b>U</b>		I			1 =	0.11			.,	-	
Inspe	ctor:	1/m	N W Lackers			le	iepno	ne No.	PHE	S No.		ow-up: ow-up Date:	Yes	ı	No



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

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ESTABLISHMENT NAME		ADDRESS			CITY/ZIF	ITY/ZIP			
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ L			TION	TEMP. ir	TEMP. in ° F	
Code Reference	Priority items contribute directly to the e or injury. These items MUST RECEIVE	PRIO elimination, prevention or re IMMEDIATE ACTION wi	PRITY ITEMS eduction to an a thin 72 hours o	cceptable level, haza or as stated.	rds associate	d with foodborne illness	Correct by (date)	Initial	
								羊 幸	
Code Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilit	ORE ITEMS ies or structures	s, equipment design, he next regular insp	general maint	enance or sanitation	Correct by (date)	Initial	
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								井井	
								#	
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		EDUCATION F	PROVIDED O	R COMMENTS					
Person in Ch	arge /Title:	`^				Date:			
Inspector:	The Holly House	DISTRIBUTION: WHITE - OWN		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No F6 374	



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Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities	TITEMS or structures, equipment design, questions of the next regular inspection.	general maint	enance or sanitation	Correct by (date)	Initial
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			OVIDED OR COMMENTS				
Person in Ch					Date:		
Person in Ch Inspector:				PHES No.		Yes	



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