

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

TIME IN	TIME OUT
DATE	PAGE 1 of

BASED ON AN INSPECTION THIS DAY, THE ITEMS N NEXT ROUTINE INSPECTION, OR SUCH SHORTER P WITH ANY TIME LIMITS FOR CORRECTIONS SPECIF	ERIOD OF TIME AS MA	AY BE SPEC	CIFIED I	N WRIT	ING BY T	HE REGUI	LATORY AUTHORITY. FAI				
ESTABLISHMENT NAME:	OWNER:			3341101	NOI TO	DK TOOD (PERSON IN CHARGE:				
ADDRESS:			ESTABLISHMENT NUMBER			NUMBER	COUNTY:				
CITY/ZIP:	PHONE:		FAX:				P.H. PRIORITY :	Н	М	L	
		.I IMER F.P.		GROCEF AVERN	RY STOR		INSTITUTION TEMP.FOOD	MOBILE \	/ENDO	RS	
PURPOSE Pre-opening Routine Follow-up	Complaint	Other									
FROZEN DESSERT Approved Disapproved Not Applicable		PUBLIC COMMUNITY NON-C			MMUNITY PRIVATE						
License No	RISK FAC) INTE	RVENT	IONS						
Risk factors are food preparation practices and employ	ee behaviors most com	monly repor	rted to th	ne Cente	ers for Dis		ol and Prevention as contrib	buting fact	ors in		
foodborne illness outbreaks. Public health interventio Compliance Demonstration of				ne illnes mpliance	s or injury	/.	Potentially Hazardous Food	de	C	OS R	
Person in charge present, dem		1	_		I/O N/A	Proper co	ooking, time and temperatur				
and performs duties Employee H	ealth		IN (I/O N/A	Proper re	eheating procedures for hot	holding		-+	
IN OUT Management awareness; police	y present		IN (OUT N	I/O N/A	Proper co	ooling time and temperature				
IN OUT Proper use of reporting, restrict Good Hygienic F				OUT N	N/A N/A		ot holding temperatures old holding temperatures				
IN OUT N/O Proper eating, tasting, drinking No discharge from eyes, nose					N/O N/A		ate marking and disposition a public health control (proce	oduros /			
IN OUT INO			IN	OUT N	I/O N/A	records)		edules /			
Preventing Contamina IN OUT N/O Hands clean and properly was			IN	OUT	N/A	Consume	Consumer Advisory er advisory provided for raw	or			
IN OUT N/O No bare hand contact with rea						Highly Susceptible Populations					
approved alternate method pro IN OUT Adequate handwashing facilitie			INI (OUT N	I/O N/A	Pasteurized foods used, prohibited foods not					
accessible Approved So	ource		- 110	001 10	1/O 11/A	offered	Chemical				
IN OUT Food obtained from approved	source		IN	OUT	N/A		litives: approved and proper				
IN OUT N/O N/A Food received at proper temper	erature		IN	OUT		Toxic sub	ostances properly identified,	stored an	d		
· ·	Food in good condition, safe and unadulterated		Confo		ormance with Approved Procedures						
IN OUT N/O N/A Required records available: sh destruction			IN OUT N/A			ompliance with approved Specialized Proce nd HACCP plan					
Protection from Co IN OUT N/A Food separated and protected			The	letter to	the left o	f each item	indicates that item's status	at the time	e of the		
Food contest conference classes		-		ection.					o or the		
Proper disposition of returned, proviously 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										
Good Retail Practices are preve		OD RETAIL			ogone ch	omicals an	nd physical objects into food	le.			
IN OUT Safe Food and Wat		COS R	IN	OUT	ogens, cn		oper Use of Utensils	13.	COS	R	
Pasteurized eggs used where required Water and ice from approved source	1						perly stored	d dried			
vvaler and ice from approved source				Utensils, equipment and linens: properly stored, dried handled			u, uneu,				
Food Temperature Co Adequate equipment for temperature of			_			se/single-s used prope	ervice articles: properly stor	red, used			
Approved thawing methods used	201101				Cioves		s, Equipment and Vending				
Thermometers provided and accurate							contact surfaces cleanable,	properly			
Food Identification	Food Identification			designed, constructed, and used Warewashing facilities: installed, maintained, used; test							
Food properly labeled; original container				strips used Nonfood-contact surfaces clean							
Prevention of Food Contain	Prevention of Food Contamination			Physical Facilities							
Insects, rodents, and animals not pres Contamination prevented during food			+				available; adequate pressu	re		+	
and display				Plumbing installed; proper backflow devices							
Personal cleanliness: clean outer cloth fingernails and jewelry	ning, hair restraint,		Sewage and wastewater properly disposed			1					
Wiping cloths: properly used and store			Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained								
Fruits and vegetables washed before	196						operly disposed; facilities manustalled, maintained, and cle				
Person in Charge /Title:	7						ate:			·	
Inspectory Al De 10 1941		Te	elepho	ne No.	PHE	S No. Fo	ollow-up:	Yes		No	
MO 580-1814 (9-13)	DISTRIBUTION: WHITE -		•		CANARY - FI	F	ollow-up Date:			E6.37	



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

FOOD ESTABLISHMENT INSPECTION REPORT

PAGE 2 of

ESTABLISHMENT NAME		ADDRESS		CITY/ZII	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODU	FOOD PRODUCT/ LOCATION			۱° F	
Code		PRIORIT	YITEMS			Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduce E IMMEDIATE ACTION within	ction to an acceptable level, haza n <mark>72 hours or as stated.</mark>	irds associate	d with foodborne illness	(date)		
Code		CORE	ITEMS			Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOP	, operational controls, facilities (s). These items are to be cor	or structures, equipment design, rected by the next regular insp	general maint pection or as	enance or sanitation stated.	(date)		
		EDUOATION ST	0//IDED 00 00/4: 5: 55					
		EDUCATION PRO	OVIDED OR COMMENTS					
Person in Ch	narge /Title: 7L or 2.0/	. O			Date:			
	A TO COMP	-ı /	Telephone No.	PHES No.	Follow-up:	Yes	No	
	Califyro Pecurt Pryst No.	Υ	Totophone No.		Follow-up Date:	. ••		

MO 580-1814 (9-13)