

## 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	ROUTINE	INSPE	TION THIS DAY, THE CTION, OR SUCH SH	ORTER PER	IOD OF TIME AS	MAY BE	SPEC	IFIED	IN WRI	TING BY	THE REGI	ULAT	ORY AUTHORITY.			
ESTABLISHMENT NAME:			OWNER:	ICE MAY RESULT IN CESSATION OF YOUR FOO					OK TOOL		PERSON IN CHARGE:					
ADDRESS:				1	ESTABLISHMENT NU					NUMBE	R:	COUNTY:				
CITY/ZIP:					PHONE: F				FAX:				P.H. PRIORITY :	Н	М	L
E	LISHMEN BAKERY RESTAU		C. STORE SCHOOL	CATERER SENIOR C		ELI JMMER F	F.P.		GROCE AVERI	ERY STOF	RE		TITUTION 1P.FOOD	MOBILE	VENDO	RS
PURPO	SE Pre-open	ing	Routine	Follow-up	Complaint	Oth	er									
					EWAGE DISPO PUBL									PRIVAT		
	Licens	e No			PRIV						Date S	Samp	led	Result	s	
					RISK FA											
			reparation practices a eaks. <b>Public health ir</b>									ntrol a	nd Prevention as cor	ntributing fa	ctors in	
Complia			Demons	tration of Kno	owledge	COS			mplianc				tentially Hazardous F		C	OS R
IN C	UT		Person in charge pre and performs duties		strates knowledge	,		IN OUT N		N/O N/A	Proper	cookii	ng, time and tempera	ature		
				nployee Heal	th			IN	OUT	N/O N/A	Proper	rehea	ating procedures for I	hot holding		
	DUT		Management aware					_		N/O N/A			g time and temperat	ures		
IN C	DUT		Proper use of report	ing, restriction Hygienic Pra					OUT OUT	N/O N/A N/A			olding temperatures nolding temperatures		_	
IN C	OUT N/C	)	Proper eating, tastin						OUT	N/O N/A			marking and dispositi			
IN C	OUT N/	O	No discharge from e	yes, nose an	d mouth			IN	OUT	N/O N/A			blic health control (pr	rocedures /		
			Preventing	Contaminatio	n bv Hands			-			records	)	Consumer Advisory	V		
IN C	OUT N/C	)	Hands clean and pro					IN	OUT	N/A			lvisory provided for ra			
			No bare hand contact	ct with ready-	to-eat foods or						underco		food lly Susceptible Popul	lations		
IN C	OUT N/O	)	approved alternate r									riigi	ily Susceptible i opul	iations		
IN C	IN OUT Adequate handwashing facilities accessible						IN	OUT	N/O N/A	Pasteur offered	rized f	d foods used, prohibited foods not				
IN C	UT		·	proved Source				INI	OUT	N/A	Food ac	dditive	Chemical es: approved and pro	porty usod		-
IN OUT N/O N/A Food received at proper tempera						1	OUT	N/A			nces properly identific		ind			
IN C	i od iii goda comanon, care am								Conformance with Approved Procedures							
IN OUT N/O N/A Required records available: shellstock tag destruction  Protection from Contamination			<u> </u>	;		IN	OUT	N/A	Complia and HA		with approved Specia plan	alized Proce	ess			
IN O	UT	N/A	Food separated and		IIIIIalion			The	letter t	to the left o	of each iter	m indi	icates that item's stat	tus at the tir	ne of the	
			Food-contact surfac	'	sanitized	-	_		ection.							
IN C	DUT	N/A						IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed			ince					
IN C	DUT N/0	)	Proper disposition or reconditioned, and u							S=Corrected On Site R=Repeat Item						
			,			OOD RE	ETAIL	PRAC <sup>1</sup>	ΓICES							
			Good Retail Practices		tive measures to o			_		hogens, ch				oods.		
IN	OUT	Pasto	Safe Foo urized eggs used whe	d and Water		cos	R	IN	OUT	In-use i	tensils: pr		r Use of Utensils		COS	S R
			and ice from approve										d linens: properly sto	red, dried,		
			Food Torre		-1					handled						
		Adequ	ate equipment for tem	erature Contro	oi trol						use/single- used prop		ce articles: properly s	storea, used	1	
		Appro	ved thawing methods	used							Utensi	ils, Ec	uipment and Vendin			
		Therm	ometers provided and	d accurate							nd nonfooded, constru		tact surfaces cleanat	ole, properly	′	
			Food Ide	entification				-					installed, maintained	d, used; tes	t	
										strips us	sed			,		
		Food	Food properly labeled; original container  Prevention of Food Contamination Insects, rodents, and animals not present							Nonfoo	ood-contact surfaces clean Physical Facilities					
		Insect						<u> </u>				er ava	ilable; adequate pres			1
Contamination prevented during food preparation, storage								bing installed; proper backflow devices								
and display  Personal cleanliness: clean outer clothing, hair restraint,		ı, hair restraint			+		Sewage	e and wast	tewat	er properly disposed						
fingernails and jewelry			,,					J								
	-		g cloths: properly used and vegetables wash					-					y constructed, supplied ly disposed; facilities			
	<del>                                     </del>				:			1					iy disposed; facilities led, maintained, and			
Perso	on in Ch	arge /T	itle: ncingulan	n M hi			•	-	•	, , , , ,		Date			•	•
				. V 040			- I	11	<b></b> -	1						
Inspe	ctor:	atılın	a lecunt				16	elepho	ne No	. PHE			w-up: w-up Date:	Yes		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/ZII	CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. ir	ı°F					
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY elimination, prevention or reduct /E IMMEDIATE ACTION within	ion to an acceptable level, haza	ards associate	d with foodborne illness	Correct by (date)	Initial		
							KW		
							KW		
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE I n, operational controls, facilities o Ps). These items are to be corr	r structures, equipment design,	general maint	enance or sanitation stated.	Correct by (date)	Initial		
							KW		
							KW		
							KW		
							I W		
		EDUCATION PRO	VIDED OR COMMENTS						
Person in Ch	arge /Title: Nim Yow was				Date:				
Inspector:	thypi feaut		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No		

MO 580-1814 (9-13)



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ESTABLISHMENT NAME		ADDRESS	ADDRESS CITY/ZIP				
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION			TEMP. in ° F	
Code		PRIORI	TY ITEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or redu VE IMMEDIATE ACTION withi	ction to an acceptable level, haza n 72 hours or as stated.	rds associate	d with foodborne illness	(date)	
Code Reference	Core items relate to general sanitatio standard operating procedures (SSO	n, operational controls, facilities	ITEMS or structures, equipment design,	general maint	enance or sanitation	Correct by (date)	Initial
							KW
		EDUCATION PR	OVIDED OR COMMENTS				
Person in Ch	arge /Title: Ncing UBM Now				Date:		
Inspector: V	athyn leant		Telephone No.	PHES No.	Follow-up: Follow-up Date:	Yes	No

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