

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

TIME IN	TIME OUT					
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NEXT RO	DUTINE	INSPE	CTION, OR SUCH SHORTER P	ERIOD OF TIME AS N	MAY BE	SPEC	IFIED	IN WRI	TING BY 1	HE RE	GULA	ILITIES WHICH MUST BE CORRE TORY AUTHORITY. FAILURE TO DEPATIONS			
				OWNER:	N THIS NOTICE MAY RESULT IN CESSATION OF YOUR FO OWNER:					01(100	<u> </u>	PERSON IN CHARGE:			
ADDRESS:				ı	ESTABLISHMENT				NUMB	ER:	COUNTY:				
CITY/ZIP:			PHONE:	PHONE:			FAX:				P.H. PRIORITY: H	М	L		
RI	AKERY ESTAUF		C. STORE CATER SCHOOL SENIO		ELI MMER F	F.P.		GROCE AVERN	ERY STOR	!E		ISTITUTION MOBILE VEMP.FOOD	/ENDOR	RS	
PURPOS Pr	SE re-openi	ng	Routine Follow-up	Complaint	Oth	er									
FROZEN DESSERT Approved Disapproved Not Applicable				PUBLIC COMMUNITY				NON-COMMUNITY PRIVATE Date Sampled Results							
	License	No		PRIVA RISK FAC		AND	INITE	D\/ENI	TIONS	Bato	- Cuii	results			
Risk fa	ctors ar	e food n	renaration practices and employ							ease C	ontrol	and Prevention as contributing fact	ors in		
foodbor	ne illnes		eaks. Public health intervention	ns are control measur	es to pre	event fo	oodbor	ne illne	ss or injury						
Compliar	nce		Demonstration of l		COS	R	1	mpliance		Prope		otentially Hazardous Foods king, time and temperature	CC	S R	
IN OL	JT		and performs duties	<u>.</u>					UT N/O N/A						
IN OI	IT		Employee H Management awareness; police				IN IN		N/O N/A			eating procedures for hot holding ing time and temperatures			
IN OL			Proper use of reporting, restric	tion and exclusion								holding temperatures			
IN OL	JT N/O		Good Hygienic F Proper eating, tasting, drinking			_		OUT	N/A			holding temperatures marking and disposition			
	JT N/C		No discharge from eyes, nose						N/O N/A N/O N/A			public health control (procedures /			
114 00	J1 14/C		Preventing Contamina	tion by Hands		-	IIN	001	IN/O IN/A	record	ds)	Consumer Advisory			
IN OL	Hands clean and properly											advisory provided for raw or			
IN OL	JT N/C		No bare hand contact with rea							undercooked food Highly Susceptible Populations					
IN OUT			approved alternate method properly followed Adequate handwashing facilities supplied &				IN					d foods used, prohibited foods not			
	accessible Approved S		urce		-	Off			offere	a	Chemical				
IN OUT			Food obtained from approved source				IN OUT					ves: approved and properly used			
IN OUT N/O N/A		) N/A	Food received at proper temperature							Toxic substances properly identified, stored and used					
IN OUT			Food in good condition, safe and unadulterated  Required records available: shellstock tags, parasite									mance with Approved Procedures			
IN OL	IN OUT N/O N/A		destruction				IN OUT N/A		Compliance with approved Specialized Process and HACCP plan			S			
			Protection from Co	ntamination				1-444	- 41 1-64 -	£ !:	!		641		
	IN OUT N/A Food separated and protected			0:		inspection.				r each it	tem in	dicates that item's status at the tim	e or the		
IN OOT INA		N/A	Food-contact surfaces cleaned				IN = in compliance N/A = not applicable					OUT = not in compliance N/O = not observed			
IN OUT N/O		1	Proper disposition of returned, previously served, reconditioned, and unsafe food				COS=Corrected On Site R=Repeat Item								
					OOD RE										
IN	OUT		Good Retail Practices are preventative measures to c Safe Food and Water			ne intro	IN	OUT	nogens, ch I	Proper Use of Utensils			COS	R	
	Paste		urized eggs used where required					00.		se utensils: prope		erly stored			
		Water	and ice from approved source						Utensils	ils, equipment and linens: properly steed		and linens: properly stored, dried,			
		Food Temperature Cont							Single-u	e-use/single-service articles: properly stored,					
	Approve		ate equipment for temperature of	ontrol					Gloves			Equipment and Vending	1		
			oved thawing methods used nometers provided and accurate						Food ar			entact surfaces cleanable, properly			
			Food Identification						designed, constructed, and used  Warewashing facilities: installed, maintained, use						
		F '					_		strips us	sed					
		F000	properly labeled; original contain Prevention of Food Contain						Nontood	Nonfood-contact surf		aces clean nysical Facilities			
		Insects, rodents, and animals not present Contamination prevented during food pre and display		ent						t and cold water av		vailable; adequate pressure			
				, ,					Plumbin	nbing installed; proper backflow devices					
	Personal cleanliness: clean or fingernails and jewelry			ing, hair restraint,					Sewage and wastewater properly disposed			ater properly disposed			
Wiping cloths:		Wiping	cloths: properly used and store	d					Toilet fa	cilities:	prope	rly constructed, supplied, cleaned			
		Fruits	and vegetables washed before u	ise			1		Garbage/refuse properly disposed; facilities maintain Physical facilities installed, maintained, and clean			erly disposed; facilities maintained	1		
Persor	n in Ch	arge /T	itle:			l	ı	l	riiysica	ı ıaCillülê	s inst Dat		1	ı	
			Report was emailed to	Neil Patel											
Inspec	tor:	lyso	l Mades			Те	lepho	ne No.	EPH	S No.		ow-up: Yes ow-up Date:		No	



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

## FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMEN	TNAME	ADDRESS		CITY /ZI	CITY/ZIP					
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	ICT/ LOCAT	ION	TEMP. in ° F				
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY ITE elimination, prevention or reduction to E IMMEDIATE ACTION within 72 h	o an acceptable level, haza	rds associate	d with foodborne illness	Correct by (date)	Initial			
Code Reference	CORE ITEMS  Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.									
	Standard operating procedures (SSOP			ection of as	Stateu.					
EDUCATION PROVIDED OR COMMENTS										
<u> </u>	T.									
Person in Ch	narge /Title: Report was emailed to	o Neil Patel			Date:					
Inspector: MO 580-1814 (9-13)	Lys K. Marky	DISTRIBUTION: WHITE - OWNER'S COPY	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No E6.37A			