

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

| TIME IN 3:15 | TIME OUT 3'45 |
|--------------|---------------|
| PAGE of | 2 |

| NEXT ROUTINE I | INSPE LIMITS | CTION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PE S FOR CORRECTIONS SPECIFIE | RIOD OF TIME AS ED IN THIS NOTIC | S MAY B | E SPEC | IFIE | W NI | RITING BY | THE REGUL | ATORY AUTHORITY, FAILURE PPERATIONS. | RECTED I TO COMF | BY THE PLY |
|--|---------------------------------|---|---------------------------------------|-----------------------------|------------------------|---|--|----------------|---|---|---------------------|---------------|
| Great River Chivese Restaurant Frang | | | | | | 1.1.0/1/2 | | | | PERSON IN CHARGE: | | |
| ADDRESS: | John | MG 1108, LIN | | | | | COUNTY: 6/9 | | | | | |
| CITY/ZIP: | City/zip: NO 63863 PHONE: 276-6 | | | | | | | | | P.H. PRIORITY: DH ML | | |
| ESTABLISHMENT BAKERY | | ☐ C. STORE ☐ CATERE | R DI | DELI | | | | CERY STOR | | NSTITUTION | | |
| PURPOSE PURPOSE | | SCHOOL SENIOR | 40-201 | EMP. FO | | | TAVE | RN | L M | IOBILE VENDORS | | |
| ☐ Pre-opening | | ☐ Routine ☐ Follow-up | ☐ Complaint SEWAGE DISF | 0 | ther | 10/07 | ED 0 | LIDDLY | | | | |
| □Approved □Disapproved ☑ Not Applicable License No. □ PUBLIC □ PRIVATE | | | | | | WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results | | | | | | |
| | | | RISK FA | | | | | | | | | |
| Risk factors are foodborne illness | food p | preparation practices and employed eaks. Public health interventions | e behaviors most of are control measi | commonlures to p | y report revent for | ed to | the Ce | nters for Dis | ease Control | I and Prevention as contributing f | actors in | |
| Compliance | | Demonstration of Kr | nowledge | CC | | C | omplian | се | F | Potentially Hazardous Foods | CC | OS R |
| UN OUT | | Person in charge present, demo and performs duties | nstrates knowledge | Э, | | .IN | OUT | N/O N/A | Proper coo | king, time and temperature | | |
| IN OUT | | Employee Hea | | | | | | N/O N/A | Proper reheating procedures for hot holding | | | |
| IN OUT | | Proper use of reporting, restriction | | | | | IN OUT N/O N/A Proper cooling time and temperatures IN OUT N/O N/A Proper hot holding temperatures | | | | | |
| ON OUT NO | | Good Hygienic Pra | actices | | | (IN) | OUT | N/A | Proper cold | holding temperatures | | |
| IN OUT N/O | | Proper eating, tasting, drinking of No discharge from eyes, nose as | r tobacco use | | | | | N/O N/A | | e marking and disposition public health control (procedures | | |
| | | | | | | L | - | | records) | | | |
| IN OUT N/O | | Preventing Contamination by Hands Hands clean and properly washed | | | | IN | OUT | (N/A) | | Consumer Advisory advisory provided for raw or | | |
| IN OUT N/O | | No bare hand contact with ready | | #8 | | | | | undercooke Hig | ghly Susceptible Populations | | |
| (IN OUT | | approved alternate method properly followed Adequate handwashing facilities supplied & | | | | IND | OUT | N/O N/A | Pastourized | d foods used, prohibited foods no | | |
| | - Land | accessible | | - | | | | 1001071 | offered | • | | |
| IN OUT | | Approved Sour Food obtained from approved so | | | | IN | OUT | N/A | Food additiv | Chemical ves: approved and properly used | | |
| IN OUT N/O N/ | /A | Food received at proper tempera | | | | | OUT | 14/74 | Toxic substrused | ances properly identified, stored | and | |
| TUO (NI | | Food in good condition, safe and | | | | | | | | mance with Approved Procedures | | |
| IN OUT N/O N/ | (A) | Required records available: shell destruction | | Э | | IN OUT N/A Compliance with approved Specialized Process and HACCP plan | | | | | | |
| IN OUT N/A | Δ | Protection from Conta Food separated and protected | mination | | | The | letter | to the left of | each item in | dicates that item's status at the ti | ne of the | |
| IN OUT N/A | | Food-contact surfaces cleaned & | canitized | | | insp | ection | | | OUT = not in compliance | | |
| IN OUT N/O | | Proper disposition of returned, pr | | | | IN = in compliance N/A = not applicable OUT = not in compliance N/O = not observed | | | | | | |
| | | reconditioned, and unsafe food | | | | | | orrected On | Site | R = Repeat Item | | |
| | | Good Retail Practices are preventa | | SOOD RI | | | | hogono obs | micals and | physical phicate into foods | | |
| IN OUT | | Safe Food and Water | dive measures to c | COS | R | IN | OUT | nogens, che | | er Use of Utensils | cos | R |
| 1.0 | | rized eggs used where required | | | | × | | _ | ensils: proper | | | |
| X | water a | and ice from approved source | | | | X | | handled | equipment a | nd linens: properly stored, dried, | | |
| V | | Food Temperature Contr | | | | 36 | | Single-us | | vice articles: properly stored, used | | |
| | | ate equipment for temperature con ed thawing methods used | trol | | | 7 | | Gioves u | sed properly | quipment and Vending | | |
| | | ometers provided and accurate | | | | X | | Food and | nonfood-cor | ntact surfaces cleanable, properly | | |
| ^ | | Food Identification | | | | | | designed | , constructed | | | |
| V | | | | | | × | | strips use | ed | | | |
| | -ooa pr | roperly labeled; original container Prevention of Food Contamin | ation | | | | X | Nonfood- | contact surfa | ces clean ysical Facilities | | |
| | | rodents, and animals not present | 1 | | | X | | | old water ava | ailable; adequate pressure | | |
| /\ ai | and disp | | | | | Y | | Plumbing | installed; pro | oper backflow devices | | |
| fir | ngerna | al cleanliness: clean outer clothing ails and jewelry | , hair restraint, | | | 4 | | Sewage a | Sewage and wastewater properly disposed | | | |
| | | cloths: properly used and stored nd vegetables washed before use | | | | K | | | | ly constructed, supplied, cleaned | | |
| | , uito di | regetables washed before use | | | | Ŷ | | | | rly disposed; facilities maintained illed, maintained, and clean | | |
| Person in Charg | ge /Titl | Cei Cin | | | | | | | Date | | | |
| Inspector: | Store | der Preston | Telep | phone N | lo. - 900 | 9 | | EPHS No. | | ow-up: | Ď N | 10 |
| MO 580-1814 (11-14) | 7 | | DISTRIBUTION: WHITE | Andrew Street Street Street | | 4,5 | | CANARY - FILE | | - Ip a situal | | E6.37 |



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

| TIME IN 1:15 Am | TIME OUT : 45 |
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| PACE 2 of | |

| | 0 | ADDRESS | 1 | CITY | ZIP | | | | | |
|--|---|-----------------------------|--|--|-------------------|---------|--|--|--|--|
| Great River Clines | | | Dougless | Illelder, 1110 | 1386 | | | | | |
| FOOD PRODUCT/LOC | ATION | TEMP. | FOOD PRODU | CT/ LOCATION | TEM | P. | | | | |
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| The state of the s | | | | | | | | | | |
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| | | | | | | | | | | |
| Code Reference Priority items contribute or injury. These items | te directly to the elim | nination, prevention or r | ORITY ITEMS reduction to an acceptable level, hazar ithin 72 hours or as stated. | ds associated with foodborne illness | Correct by (date) | Initial | | | | |
| 4-601, 11A - STILL | HAS GR | EXSE STR | 1465 BN VENT | THOOD THAT | | . 1 | | | | |
| MA | Y DRIF | 10000r | TO FOOD/COO | KING IMPERNE | 75 | WL | | | | |
| - WHI | EPOWN | J WEEKL | TO PREVENT | GREASE DRIFT | NE | | | | | |
| | | | | | | | | | | |
| | 30 | | | + | | | | | | |
| ALLOTHER PRIORITY ITEMS CORPECTED | | | | | | | | | | |
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| | ON- RE-INSPECTION | | | | | | | | | |
| | OID HE INVIECTION | | | | | | | | | |
| | The state of the state of | | | | | | | | | |
| | | - History | | | | | | | | |
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| | | | | | | | | | | |
| Code Reference Core items relate to ge standard operating pro | neral sanitation, ope cedures (SSOPs). | erational controls, facilit | PRE ITEMS ies or structures, equipment design, go corrected by the next regular inspe | eneral maintenance or sanitation ction or as stated. | Correct by (date) | Initial | | | | |
| 1 3 3 3 3 | 3. // 5 | | 1 | | | | | | | |
| | KA LU D | DAK SLF | +CMISSING/DI | AMAGED | | 1111 | | | | |
| 6-202.15-1 | DREE DE | | | | | 70 L | | | | |
| | | | t. | | - | 70 L | | | | |
| | REPLACE | DOOR | SEAL TO PEL | EVENT VERMIN |) | 70 L | | | | |
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| | REPLACE (MUST E | DOOR NOT BE XTERIOR | SEAL TO PRE ABLE TO SEE D DOORS) | ORTLIGHT ABORD | yes • | 1 No | | | | |