

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

	TIME IN	90	0	TIME OUT 1045				
Ī	PAGE	1	of	2				

NEXT ROUTINE!	INSPEC	CTION, OR SU	Y, THE ITEMS NOTE ICH SHORTER PERI CTIONS SPECIFIED	IOD OF TIME AS MA	AY BE SPEC	CIFIED	IN WRI	TING BY T	HE REG	ULATORY AUTHO O OPERATIONS.	RITY. FAILUF	RE TO CO		THE Y
#1China Buffet   Owner: Mei Ying Gu					iuan					I Mei Yin	PERSON IN CHARGE: Mei Ying Guan			
ADDRESS: 715 KENNETT STREET										COUNTY:	COUNTY: 069			
CITY/ZIP: KENNETT, MO 63857 PHONE: 888-0072						FAX:				P.H. PRIOF	P.H. PRIORITY: H M L			
ESTABLISHMENT BAKERY RESTAUR		C. STOR			l MER F.P.		GROCE AVERN	RY STOR		INSTITUTION TEMP.FOOD	□ мог	BILE VEN	IDORS	3
PURPOSE Pre-openin	ng	Routine	☐ Follow-up	☐ Complaint ☐	] Other									
FROZEN DES			SEWAGE DISPO	SAL PRIVATE		TER S COMM				ÓMMUNITY Sampled	☐ PRI	VATE sults		
License No. NA				RISK FACT	ORS AND	INTE	RVEN	TIONS						
	food p	reparation prac	ctices and employee	behaviors most com	monly repor	ted to th	ne Cent	ers for Dis	ease Con				in	ilillasiii
foodborne illness Compliance	outbre		ealth interventions a lemonstration of Kno				ne illne: mpliance			Potentially Haza	rdaus Foods		cos	R
	JT		erge present, demons			_	OUT I	N/A Proper cooking, time and temperature						
			Eltiployee Healt	k				N/A		reheating procedu		ding		
OL OL			awareness; policy pr reporting, restriction							cooling time and tel not holding tempera				
OUT	N/O		Good Hyglenic Prac				OUT N/A Proper col			cold holding temper date marking and d				
OUT N/O Proper eating, tasting, drinking or N/O No discharge from eyes, nose and					IN		WO N	Time as	a public health cor		es /			
Prevening Contamination			anting Contamination	b Hands					records)	Consumer A	utivissory			
OUT N/O Hands clean and properly washed								er advisory provide	ed for raw or					
■ OUT	N/O	No bare hand contact with ready-to-eat foods or				İ				Highly Suscept No	e Populations			
<b>I</b> OU	)T	approved alternate method properly followed  Adequate handwashing facilities supplied &					OUT N/O N/A Pasteurized foods used offered				ohibited foods	not		
		accessible	Approved Source						onerea	Chemic	3 <b>4</b>	i		
OU OUT			d from approved sour dat proper temperatu			1=	OUT			ditives: approved a bstances properly			-	+
	N/A					1	_	OUT	used					$\perp$
IN OUT N/O	N=A	Required reco	condition, safe and u ords available: shellst			IN	OUT	1984	Complia	formance with App nce with approved				+
		destruction Pri	olection Insin Comar	hiert dan :					and HAC	CCP plan				$\dashv$
IN CONT	N/A	Food separate	ed and protected					the left of	each iten	n indicates that iten	n's status at th	e time of	the	
OUT N/A Food-contact surfaces cleaned & sanitize			inspection.  IN = in compliance  N/A = not applicable			OUT = not in compliance N/O = not observed								
IN OUT Proper disposition of returned, previously served, reconditioned, and unsafe food			viously served,		14	rA = not	аррисаци	3	N/O = not o	DSBIVBO				
		Cood Botoil Dw	actices are preventati		D RETAIL		100000000000000000000000000000000000000		minala a	ad absorbed absorb	, into foods			
IN OUT			e Food and Water		OS   R	IN I	OUT			no privsical objects			cos	R
×	Pasteu	rized eggs use	d where required proved source			X		In-use ut	ensils: pro	operly stored nt and linens: prope				
^						×		handled						
X Adequate equipment for temperature control					×		Gloves u	Single-use/single-service articles; properly stored, used Gloves used properly						
Approved thawing methods  Thermandom provided and				ds used				Food and	utili si	s Eculomentaral.) -contact surfaces o	Vendinai	nerly	-	
X Thermometers provided and accurat					×		Food and nonfood-contact surfaces deanable, properly designed, constructed, and used  Warewashing facilities: installed, maintained, used; test							
		F3	ood Iden; fication	· · · · · · · · · · · · · · · · · · ·		×		strips use	od		ntained, used;	test		
Food properly labeled; original container  Prevention of Food Contemination			-	×		Nonfood-contact surfaces dean Physical Facilities								
X Insects, rodents, and animals not present				×		Hot and o	cold water	r available; adequa	te pressure		=			
Contamination prevented during food preparation, storage and display				×		_		; proper backflow d						
Personal cleanliness: clean ou fingernails and jewelry			<i>[</i>					Sewage and wastewater properly disposed						
X Wiping doths: properly used and X Fruits and vegetables washed be								Tollet facilities: properly constructed, supplied, deaned Garbage/refuse properly disposed; facilities maintained						
						X			facilities i	nstalled, maintaine	d, and clean			
Person in Char	ge /Tit	<sup>le:</sup> Mei Yir	ng Guan λ	MZH Y17	19	GM	an			late: 06/08/2	2021			
Inspector.	//	10	//_	Velepho 573-88	ne No. 82-9008	1		PHS No 647	. F	ollow-up: ollow-up Date:	☐ Yes	V	] No	0
MO 580 (814 (9-16)	repl	ulf		DISTRIBUTION: WHITE - C		,		CANARY - FIL		oliow-up Date:				E6.37



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

TIME IN 900 TIME OUT 1045

PAGE 2 of 2

ESTABLISHME #1China	NT NAME Buffet	ADDRESS 715 KENNETT STI	KENNETT, MO 63	Y/ZIP ENNETT, MO 63857			
FC	OOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC		TEMP. in ° F		
	Deli Prep Cooler	37	Walk in F	reezer			
	Crab/Prep Cooler	35	Walk in C		37		
			Buffet/ Cral		40		
	MT Dew Cooler	38	Buffet/Wate Buffet/Le		38		
Code	Mil Dew Coolei	PRIORITY IT			Cortally i file		
Reference	Priority beins contribute directly to tr or night. These items MUST RECE	e elimination, prevention of reduction TVE EMMEDIATE ACTION within 72 I	to an acceptable level, hazards nours of as stated.	assuciated with foodborre liness	(cate)		
4-101.11	Non food grade tubs bein	g used in walk in cooler to :	store shrimp, shall be	food grade plastic	CIP		
Code Reference 3-304.14	I standard operating procedures (SSC	COREITEM COPERA COMPOS REGISTES OF SIX PS: These items are to be correcte untertops in kitchen, shall i	xtures, equipment pesign igen of by the next regular inspect	on or as stated.	Carect by (care)	trælist.	
CIP	Correction in progress	EDUCATION PROVID	ED OR COMMENTS				
Person in Ch	narge /Title: • • • • •	v 15/1/1 StonA	C.11 10h	Date: o o (o o (o	004		
	narge /Title: Mei Ying Guar		guan	Date: 06/08/20			
Inspector	Week Allet	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up:	Yes	No	
MO 580-18 111-13	my well for	DISTRIBUTION: WHITE - OWNER'S COPY	CANARY ~ FILE COPY	1 ap ====.		E6.37A	