

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

TIME IN 300	TIME OUT
PAGE of	

WITH ANY TIM	ME LIMIT	S FOR CORRECTIONS SPECIFIE	ED IN THIS NOTICE	MAYR	ESULT	IN CE	ESSATI	ON OF YO	OUR FOOD OF		COMPL	_Y
ESTABLISH	TABLISHMENT NAME: OWNER:				D	Development PERSON IN CHARGE:						1
ADDRESS:	ADDRESS: 9708 11) Douglass					COUNTY: 069					1,4	
CITYIZIP: 110 63863 PHONE: 276-45					1558	P.H. PRIORITY : M L						L
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION												
PURPOSE Pre-ope		☐ SCHOOL ☐ SENIOR ☐ Routine ☐ Follow-up	☐ Complaint	MP. FC			IAVER	N	⊔ мс	OBILE VENDORS		
FROZEN D			SEWAGE DISP			WAT	ER SU	JPPLY				
Approved License No.		proved Not Applicable	PUBLIC PRIVATE				COMM	UNITY		-COMMUNITY PRIVAT Sampled Results		
			RISK FA	CTORS	AND	INTE	RVEN	ITIONS				
		preparation practices and employereaks. Public health interventions								and Prevention as contributing factor	rs in	
Compliance		Demonstration of Ki	CONTRACTOR OF STREET,	СО			omplianc			otentially Hazardous Foods	CO	SR
IN OUT		Person in charge present, demo	nstrates knowledge,			IN	OUT	N/O N/A	Proper cook	king, time and temperature		
011		Employee Hea	alth			IN	OUT	N/O N/A	Proper rehe	eating procedures for hot holding		
IN OUT	1	Management awareness; policy						N/O N/A		ing time and temperatures		
IN OUT		Proper use of reporting, restriction Good Hygienic Pr					OUT	N/O N/A		holding temperatures		
OUT N/C)	Proper eating, tasting, drinking of		100				N/A N/O N/A		holding temperatures marking and disposition	-	
IN OUT N/C		No discharge from eyes, nose a						N/O(N/A)		ublic health control (procedures /		
	101111111111111111111111111111111111111	Preventing Contaminati								Consumer Advisory		
IN OUT N/C)	Hands clean and properly washe	ed			IN	OUT	N/A)	Consumer a undercooke	dvisory provided for raw or draw or dr		
(IN) OUT N/C) ~	No bare hand contact with ready approved alternate method prop							Hìg	hly Susceptible Populations		
IN OUT		Adequate handwashing facilities accessible				IN	OUT I	N/O N/A	Pasteurized offered	foods used, prohibited foods not		
		Approved Sou				-				Chemical		
	IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature					OUT	N/A	Toxic substa	res: approved and properly used ances properly identified, stored and			
IN OUT		Food in good condition, safe and	I unadulterated	-				0	used	nance with Approved Procedures		
IN OUT N/O	N/A)	Required records available: shell destruction				IN	OUT	N/A		with approved Specialized Process		
(N) OUT	NI/A	Protection from Conta Food separated and protected	amination			The	letter t	o the left of		licates that item's status at the time	of the	
IN OUT	N/A N/A	Food-contact surfaces cleaned &	sanitized			insp	ection.	complianc	e	OUT = not in compliance		
IN OUT N/C		Proper disposition of returned, pr	(V - 5000 to 2000 to 6000 to 600			N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item						
		reconditioned, and unsafe food		200.01						T, Topout ton		
		Good Retail Practices are prevent	The second line is not the second	OOD RE	THE RESERVE AND ADDRESS OF	STATE OF TAXABLE PARTY.	AND PERSONAL PROPERTY.	ogone ch	omicals, and r	shyeical chicate into foods		
IN OUT		Safe Food and Water	ative measures to co	COS	R	IN	OUT	logens, ch	THE RESERVE AND ADDRESS OF THE PARTY OF THE	er Use of Utensils	cos	R
X	Paste	urized eggs used where required	1				X	In-use u	tensils: proper			
X	Water	and ice from approved source					Y			nd linens: properly stored, dried,		
\wedge		Food Tomposotuse Cont	rol .			V		handled		ion articles; properly stored wood		
X	Adequ	Food Temperature Contr uate equipment for temperature con				X			sed properly	ice articles: properly stored, used		
X		ved thawing methods used					-	W-1000		quipment and Vending		
X	Thern	nometers provided and accurate					V			tact surfaces cleanable, properly		
		Food Identification	100 mm		-	V	M		d, constructed, shing facilities	and used : installed, maintained, used; test		
X	Food	properly labeled; original container				1	×	strips us				
-,	1 000	Prevention of Food Contame	nation					Nombod		/sical Facilities		
X	Insect	s, rodents, and animals not presen	t			X		Hot and	cold water ava	ailable; adequate pressure	_	
X	Conta and d	mination prevented during food pre	paration, storage			X		Plumbing	g installed; pro	per backflow devices		
X	Perso	nal cleanliness: clean outer clothin nails and jewelry	g, hair restraint,			X		Sewage	and wastewat	er properly disposed		
X	Wipin	g cloths: properly used and stored				8 .	×	Toilet fac	cilities: properl	y constructed, supplied, cleaned		
X		and vegetables washed before use	1			X		Garbage	refuse proper	ly disposed; facilities maintained	The same	
		1/21/11	11-M				X		facilities insta	lled, maintained, and clean		
Person in Ch	narge /T	itle: / /// / ///	/// "						Date	19 1110		
Inspector:	hela	In Alat	Telep	none N	900	08		EPHS No		w-up: Yes w-up Date: \2 /05 //8	D N	0
MO 580-1814 (11-14	4)		DISTRIBUTION: WHITE	- OWNER	S COPY			CANARY - FIL		. 6/07/16		E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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TIME IN ARS	TIME OUT
PAGE 3 of 3	3

ESTABLISHMENT NAME	ADDRESS	,		CITY	ZIP	- Continue	
HARDIES 908 N. DOUGLASS MALDEN					6386	35	
FOOD PRODUCT/LOCATION	FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION						
	X				/		
/				X			
Code Reference Priority items contribute directly to the eli or injury. These items MUST RECEIVE	mination, prevention or r	ORITY ITEMS reduction to an acce within 72 hours or a	ptable level, hazards a	ssociated with foodborne illness	Correct by (date)	Initial	
	CORE	THE	m 5)				
11-12/110 0000	- L C - W	200	ZEA CONTO	CET LICE		-1	
4-601, IIC DIETY NO A				JEE LIST	(D	
- CASTERS	ON AU IN	Plak un ku	TS IN K	THENARIA			
- FLOOF UN	DERIMFU	EMENTS	IN KUCH	EN			
- FLOOR INU							
- FLOOR OF SA	LAD FREF	TABLE	_			-	
						0	
4-501.11-SEALS TORI	JON PREP	TABLE	BY WARE	NASH UNIT			
Summary E growt A graduate	021.03			- 1			
4-601,11C - VENT HOO	& DRIPPING UENTH	06 6~96	BROILER	-(GEEASE)		Qr.	
have the y							
4-204.112-NOTHER,	noneter	AW CI-	ULINCO	OLER	1105	CD	
Code		ORE ITEMS			Correct by	Initial	
Reference Core items relate to general sanitation, op- standard operating procedures (SSOPs).					(date)		
11 0 1 11					C	7	
4-901, 11 - WETSTACKIN	16 CCKAN	TRAYS	, FOOP (D	NTAINERS		6	
- DRY TR.	0× TO 5	TACKING	9				
1-6	T manage	15-71 85	11 000				
6-501,11 - MENS RESTR	-oom fra	CEID DE	itting				
- HETA	<u></u>						
6-501.11 - SERVING LINE	EPSITE	21 1 1 2 1 2 1 2	1 San A	ATCH MISSING	0.7	7	
- PIPALV	/REPLAC	# HOU	DEFL	ALEN MODINO			
	/ Turcina	"Base"					
	EDUCATION P	ROVIDED OR CO	OMMENTS	<u> </u>			
A							
(1).	12	niki			/	1/	
Person in Charge /Title:	Uhrman			Date: /// 2	9/10		
Inspector: Ale John Mark	Telephor	ne No.	EPHS No.	Follow-up: Follow-up Date:] No	
MO 580-1814 (11-14)	DISTRIBUTION: WHITE - OWNE	CHECKSON THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS N	CANARY - FILE COPY	Tollow-up Date.		E6.37A	



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TIME IN /300	TIME OUT	
PAGE of		

ESTABLISHMEN		ADDRESS 1	1) 100	CITY	6386	2
	OD PRODUCT/LOCATION	708 10.	Douglass	LOCATION	6306 D	
Mot tray 195° Pold Hold 78°						
Walkin Freezer 50						
Preptable Cooler 330						
The faging to the						
Code Reference	Priority items contribute directly to the elimor injury. These items MUST RECEIVE IN	nination, prevention or r	DRITY ITEMS eduction to an acceptable level, hazards a ithin 72 hours or as stated.	ssociated with foodborne illness	Correct by (date)	Initial
4-601.11A					12/05/18	CD
	- Never to be CI	eaned 3 51	anitized.			UV
4-601.11A	Broiten has food	* Ocase h	(10)		12/05/18	· P
- goring	- Clean & Sanita	3 disass Di	mile up		12/01/10	CB
4-601.11A					1 10	1
	- remove from s	service on c	lean to sight to four	ch.	12/05/18	10
			- vers			
	es es		*			

	**		William Control			
		***			1105	
Code Reference	Core items relate to general sanitation, operating procedures (SSOPs).	erational controls, facilit	RE ITEMS ies or structures, equipment design, gener corrected by the next regular inspectio	al maintenance or sanitation n or as stated.	Correct by (date)	Initial
6501.114		& clutter	in store room wex	thooffice x)	50
	- Remove clatter					4
1 CN 11			(- 1.1.1.T			0 50
6-501.11	Domaged walls/I	Doors / Til				
	1. Begr Door - Closer, Intch, daylight at pottom right corner 2. Ceiling in Kitden area - Droken and missing tiles					
	L. Ceiting IN KIT GIER L	Area - Uroke	en and missing Tile	5		
6-202.11	Light bulbs in K.	tchen no	of asutected		×	00
	- revair or Repla					
					1	T
6-303.11	Inadequale lighting	enualhe	in Freezer & Supp	ly Ream	, k	
// / / / /	2.1.1	1	11			
4-601.110	, , , , , , , , , , , , , , , , , , , ,	ortact Spri	vile (See) (See)	ist)	*	
	1. Walken Freeze	1	-1000)		<i>\</i>	196
	2 halfen Cooler	(DOOR 3 F		edsclean & san-		7
	SANITIE-OL	rom band	s, mold Present No	ECSCIPAND MARINE		
	2/10/11/2001	EDUCATION P	ROVIDED OR COMMENTS			
	11/1/1/1	1.		1/2 /	//	
Person in Cha	arge /Title:	M		Date: 29//	1	
Inspector;/	11 hally	Telephor	ne No. One (/ EPHS No. // (/	Follow-up:	Yes [] No
16	Bon Ulan	5/3	-888-9008 167	Follow-up Date:	2/05/18	
MO 580-1844 (11-14)	DI	STRIBUTION: WHITE - OWNE	R'S COPY CANARY – FILE COPY		1111	E6.37A