

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

TIME IN	7:15	TIME OUT 0; 00			
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NEXT F WITH A	ROUTIN MY TIM ABLISH	E INSPE E LIMITS MENT	ECTION, OR SUCH SHORTER PE S FOR CORRECTIONS SPECIFII NAME:	ERIOD OF TIME AS ED IN THIS NOTIC OWNER:	E MAY B	E SPERESUL	CIFIED T IN CI	IN WE	RITING BY	THE REGUL	PERSON IN CHARGE:	COMP	Y THE LY
ADDRESS: Hwy 53 South			7	Morgan					COUNTY: 069				
Campbell, MO 63933 PHONE: 573-246-2			-202	7	FAX	K:			P.H. PRIORITY : ☑ H □	м 🗆	L		
	BAKERY RESTAL	,	C. STORE CATERED SCHOOL SENIOR	ER	DELI EMP. FO	DOD		GROC	CERY STOR		NSTITUTION IOBILE VENDORS		
PURPO	OSE Pre-oper	nina	☐ Routine ☐ Follow-up	☐ Complaint		ther							
FROZ □App	ZEN DE	SSERT	roved ☑ Not Applicable	SEWAGE DISI PUBLIC PRIVATE	- U Usa				UPPLY IUNITY		N-COMMUNITY PRIVA Sampled Resul	TE s	
				RISK F									
Risk f	actors a	re food p	preparation practices and employed eaks. Public health intervention	e behaviors most	commonl	y repor	ted to	the Cer	nters for Dis	ease Control	and Prevention as contributing fact	ors in	
Complia	ance	oo outbi	Demonstration of K		CC			ompliand		THE RESERVE OF THE PARTY NAMED IN	Potentially Hazardous Foods	СО	SR
(IN) OI	JT		Person in charge present, demo		e,				N/O N/A		king, time and temperature		
IN OIL	JT		Employee He Management awareness; policy				26539				ling time and temperatures		
(IN) OI			Proper use of reporting, restricti	on and exclusion			N	OUT N/O N/A Proper		Proper hot	holding temperatures		
INZOL	JT N/O		Good Hygienic Pr Proper eating, tasting, drinking of				IN	TUO	N/A N/O N/A		holding temperatures e marking and disposition		
	JT N/O		No discharge from eyes, nose a	nd mouth							public health control (procedures /		
IN OL	JT N/O	Preventing Contamination by Hands Hands clean and properly washed				IN	OUT	N/A	Consumer	Consumer Advisory advisory provided for raw or			
IN OL	JT N/O		No bare hand contact with ready							THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	ghly Susceptible Populations		
IN OL	JT	_	approved alternate method prop Adequate handwashing facilities			-	IN	IN) OUT N/O N/A Pasteur		Pasteurized	foods used, prohibited foods not		
accessible Approved Source		Page 1		1	offered			Chemical					
IN OL	JT		Food obtained from approved so	urce			IN	OUT	N/A	Food additiv	ves: approved and properly used		
IN OL	JT N/O	N/A	Food received at proper tempera	nture			(IN)	OUT			ances properly identified, stored and		
IN OUT Food in good condition, safe and unadulterated							Conform	mance with Approved Procedures					
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction Protection from Contamination		е		IN	IN OUT N/A Compliance with approved Specialized Process and HACCP plan								
IN OL	IT	N/A	Food separated and protected	arrination						each item in	dicates that item's status at the time	of the	
IN OUT N/A Food-contact surfaces cleaned & sanitized				insp	inspection. IN = in compliance OUT = not in compliance								
IN OUT N/O Proper disposition of returned, previously served,					N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item								
			reconditioned, and unsafe food	THE RESERVE OF THE PARTY OF THE	300D R	CTAIL				0110	Tr Hopeachem		
			Good Retail Practices are prevent						hogens, che	emicals, and	physical objects into foods.		
IN	OUT		Safe Food and Water		cos	R	IN	OUT	THE POST OF	Prop	er Use of Utensils	cos	R
A			urized eggs used where required and ice from approved source			-	1			ensils: prope	rly stored nd linens: properly stored, dried,		
~								V	handled				
V		Adequ	Food Temperature Contrate equipment for temperature con				Y			se/single-services sed properly	vice articles: properly stored, used		
~		Approv	ved thawing methods used							Utensils, E	quipment and Vending		
~		Therm	ometers provided and accurate				1		The state of the s	nonfood-cor constructed	ntact surfaces cleanable, properly		
			Food Identification				1			shing facilities	s: installed, maintained, used; test		
	~	Food p	properly labeled; original container				V		Nonfood-	contact surfa			
		Insects	Prevention of Food Contamination sects, rodents, and animals not present				1		Hot and o	Physical Facilities Hot and cold water available; adequate pressure			
Contamination prevented during food preparation, storage and display					1				oper backflow devices				
1	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					1	Sewage and wastewater properly disposed						
Wiping cloths: properly used and stored					10				ly constructed, supplied, cleaned				
Fruits and vegetables washed before use					~				rly disposed; facilities maintained illed, maintained, and clean				
Persor	in Cha	arge /Tit	2 May 1 Man							Date			
Inspec	tor: 1/h	risto	where Prestor	Tele	phone N	No. 900	18		EPHS No		ow-up:	⊠ N	0
MO 590 10	314 (11-14)	1010	West to the second	DISTRIBUTION: WHIT			- Control		CANARY - FILE		in up bato.		E0.07



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TIME IN 9:15	TIME OUT /0;00	
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ESTABLISHMENT NAME	ADDRESS 5/6	tury 53 Su	A) SHY	nhell MO	ZIP 6 393	33	
FOOD PRODUCT/LOCATION	TEMP.		TION	TEMP.			
	BBQ/Hold 1440						
D2027 11215 17014							
				Name of the last o			
Code Reference Priority items contribute directly to or injury. These items MUST REC	the elimination, prevention of	within 72 hours or as	etated		Correct by (date)	Initial	
3.50/17 Ready to eat De	In improperly	dated.			COS	VCP	
3-50/17 Ready to eat De - 7 days exp	Whiten on Bredy	twent once of	sened from or	sinal			
						0	
3-50118 Observed colosia	ow with upon	dated on	12/19/18,7	days	cos	1 Com	
past-discond d	Past-discond date. - volontality disposed						
- volantalily of	isposed						
				121			
			THE STREET				
Code		CORE ITEMS			Correct by	Initial	
Reference Core items relate to general sanita standard operating procedures (SS	tion, operational controls, fac	cilities or structures, equ	uipment design, general main	itenance or sanitation	(date)	muai	
1 - 1				stateu.	_	(P)	
4-903.11 single serve	or debes must	haine had	covered.			0	
3714 21104	DI DINES IMMA	DA GOOTTECK	DI TOVELOG.				
		77					
*							
		1000110=200	NAME NEO				
	EDUCATION	PROVIDED OR CO	DMMENIS				

Person in Charge /Title:	/			Date: 1-3-19	1		