



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

TIME IN 1100 TIME OUT 1245
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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Gardenias Restaurant		OWNER: Sergio Torres		PERSON IN CHARGE: Carlos Torres	
ADDRESS: 100 South Ash Street				COUNTY: 069	
CITY/ZIP: Campbell, MO 63933		PHONE: 573-217-2148		FAX:	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD		PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE	
License No. NA				Date Sampled _____ Results _____	

RISK FACTORS AND INTERVENTIONS									
Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.									
Compliance		Demonstration of Knowledge	COS	R	Compliance		Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/>	OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/>	OUT	N/A	Proper cooking, time and temperature	
		Employee Health			<input checked="" type="checkbox"/>	OUT	N/A	Proper reheating procedures for hot holding	
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present			<input checked="" type="checkbox"/>	OUT	N/A	Proper cooling time and temperatures	
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/>	OUT	N/A	Proper hot holding temperatures	
		Good Hygienic Practices			<input checked="" type="checkbox"/>	OUT	N/A	Proper cold holding temperatures	
<input checked="" type="checkbox"/>	OUT	N/A			<input checked="" type="checkbox"/>	OUT	N/A	Proper date marking and disposition	
<input checked="" type="checkbox"/>	OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/>	OUT	N/A	Time as a public health control (procedures / records)	
<input checked="" type="checkbox"/>	OUT	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/>	OUT	N/A		
		Preventing Contamination by Hands			<input checked="" type="checkbox"/>	OUT	N/A	Consumer Advisory	
<input checked="" type="checkbox"/>	OUT	Hands clean and properly washed			<input checked="" type="checkbox"/>	OUT	N/A	Consumer advisory provided for raw or undercooked food	
<input checked="" type="checkbox"/>	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/>	OUT	N/A	Highly Susceptible Populations	
<input checked="" type="checkbox"/>	OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	N/A	Pasteurized foods used, prohibited foods not offered	
		Approved Source			<input checked="" type="checkbox"/>	OUT	N/A	Food additives: approved and properly used	
<input checked="" type="checkbox"/>	OUT	Food obtained from approved source			<input checked="" type="checkbox"/>	OUT	N/A	Toxic substances properly identified, stored and used	
<input checked="" type="checkbox"/>	OUT	Food received at proper temperature			<input checked="" type="checkbox"/>	OUT	N/A	Conformance with Approved Procedures	
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/>	OUT	N/A	Compliance with approved Specialized Process and HACCP plan	
<input checked="" type="checkbox"/>	OUT	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/>	OUT	N/A		
		Prevention from Contamination			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Food separated and protected			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Food-contact surfaces cleaned & sanitized			<input checked="" type="checkbox"/>	OUT	N/A		
<input checked="" type="checkbox"/>	OUT	Proper disposition of returned, previously served, mislabeled, and unsafe food			<input checked="" type="checkbox"/>	OUT	N/A		

FOOD RETAIL PRACTICES									
Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.									
IN		Safe Food and Water	COS	R	IN		Proper Use of Utensils	COS	R
<input checked="" type="checkbox"/>		Food and eggs used where required			<input checked="" type="checkbox"/>		In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Food and ice from approved source			<input checked="" type="checkbox"/>		Utensils, equipment and linens: properly stored, dried, handled		
<input checked="" type="checkbox"/>		Food Temperature Control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Food Temperature Control			<input checked="" type="checkbox"/>		Gloves used properly		
<input checked="" type="checkbox"/>		Approved thawing methods used			<input checked="" type="checkbox"/>		Utensils, Equipment and Linens		
<input checked="" type="checkbox"/>	X	Thermometers provided and accurate			<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>		Food Identification			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Food properly labeled: original container			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Prevention of Food Contamination			<input checked="" type="checkbox"/>		Physical Facilities		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Carlos Torres		Date: 04/09/2021	
Inspector: Chapman D. Hall	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: _____	

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