

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

TIME IN			TIME OUT			
PAGE	1	of				

NEXT ROUTINE WITH ANY TIME ESTABLISHN	LIMITS	FOR CORRE	CTIONS SPECIFIED	OD OF TIME AS IN THIS NOTICE OWNER:	MAY BI MAY R	ESULT	IN CE	SSATIC	ON OF YO	HE RE	GULATORY AUTHORITY. DD OPERATIONS. PERSON IN CHA		O COMP	LY	
ADDRESS:									COUNTY:						
											COONTT.				
CITY/ZIP: PHONE:				FAX:			P.H. PRIORITY :	Н	M	L					
ESTABLISHMEN BAKERY	T TYPE	C. STOR	RE CATERER	Г	DELI			2POCE	RY STOR	E	INSTITUTION	MOBILE	VENDO	29	
RESTAU	RANT	SCHOO			UMMER	F.P.		AVERN			TEMP.FOOD	WOBILL	VLINDOI	10	
PURPOSE Pre-openi	ing	Routine	Follow-up	Complaint	Ot	ther									
FROZEN DE	SSERT	•	SEWAGE DISPO	SAL		WAT	ER S	UPPL	<u> </u>						_
Approved	Dis	approved	PUBLIC	PRIVAT	Έ	(COMN	/UNIT	Y		-COMMUNITY - Sampled	PRIVAT Results			
License No				RISK FA	CTOR	S AND	INTE	RVEN ⁻	TIONS						
Risk factors a	re food p	reparation pra	ctices and employee			-				ease C	ontrol and Prevention as co	ntributing fac	tors in		_
foodborne illnes		eaks. Public h	ealth interventions	are control measu	ires to p	revent for	oodbor	ne illne:	ss or injury						
Compliance			Demonstration of Kno arge present, demons		CC	S R	+	Description 1 of the second se			Potentially Hazardous F er cooking, time and tempera		CC	OS	R
IN C	DUT	and performs		strates knowledge	∍,		IN	OUT I	N/O N/A	Prope	er cooking, time and tempera	ature			
		.,	Employee Healt				_		N/O N/A	·					
	OUT OUT		t awareness; policy p f reporting, restriction						N/O N/A	N/A Proper cooling time and temperatures N/A Proper hot holding temperatures					_
	701		Good Hygienic Prac	tices			IN	OUT	Γ N/A						_
IN OUT	N/O		g, tasting, drinking or e from eyes, nose and				IN	OUT I	N/O N/A						_
IN OUT	N/O	ino discriarge	e morn eyes, nose and	imoutii			IN (OUT I	N/O N/A	O N/A Time as a public health control (procedures / records)					
			renting Contamination							_	Consumer Advisor				
IN OUT	N/O	Hands clean and properly washed					IN	OUT	Γ N/A	N/A Consumer advisory provided for raw or undercooked food					
IN OUT	N/O	No bare hand contact with ready-to-eat foods or								Highly Susceptible Populations					
approved alternate method properly followed IN OUT Adequate handwashing facilities supplied &					INI	OUT	Pasteurized foods used, prohibited foods not					_			
114 C	701	accessible					IIN	001	N/O N/A	offere	ed .				_
IN O	UT	Approved Source UT Food obtained from approved source					IN	OUT	Chemical N/A Food additives: approved and properly used					_	
	O N/A Food received at proper temperature							OUT	OUT Toxic substances properly identified, stored and			nd			
IN O	UT	Food in good	condition, safe and	unadulterated						used	conformance with Approved	Procedures			_
IN OUT N/O N/A Required records available: shellstock tags, parasit destruction			е		IN	OUT	Compliance with approved Specialized Process			ss		_			
			rotection from Contar	mination						anu i	IAOOI piaii				_
IN OUT	N/A	Food separa	ted and protected						the left o	f each i	tem indicates that item's sta	tus at the tin	ne of the		
IN OUT	N/A	Food-contact	t surfaces cleaned &	sanitized			inspection. IN = in compliance OUT = not in compliance								
IN OUT	N/O		sition of returned, pred, and unsafe food	viously served,			N/A = not applicable N/O = not observed								
		reconditioned	a, and unsale lood		GOOD F	RETAIL I	PRAC1	TICES							
			•	tive measures to					ogens, ch	emicals	s, and physical objects into f	oods.			
IN OUT	Pacto		afe Food and Water ed where required		cos	R	IN	OUT	In-use u	toneile:	Proper Use of Utensils properly stored		COS	R	
			approved source								ment and linens: properly sto	ored, dried,			_
		Food	I Temperature Contro	ı			-		handled		le-service articles: properly	etored used			_
	Adequ		for temperature conf				1		Gloves			storeu, useu			_
		ved thawing m								Utensils, Equipment and Vending					_
	Therm	iometers provid	ded and accurate								ood-contact surfaces cleanal tructed, and used	ble, properly			
		Food Identification							Warewashing facilities: installed, maintained, used; test strips used						
	Food	d properly labeled; original container								Nonfood-contact surfaces clean					
	Insect	Prevention of Food Contamination							Hot and	Physical Facilities Hot and cold water available; adequate pressure					_
Insects, rodents, and animals not present Contamination prevented during food preparation, storage			1						led; proper backflow devices				_		
	and di Perso		: clean outer clothing	, hair restraint,	+		1		Sewage	and wa	astewater properly disposed				_
	finger	nails and jewel	ry	•	1	1	-		, ,						
Wiping cloths: properly used and stored Fruits and vegetables washed before use					1				properly constructed, supplied properly disposed; facilities				_		
		•									es installed, maintained, and				_
Person in Ch	arge /T	itle:		M		۱ ،س	\	لمر	_		Date:				
Inspect.	, 1		<u>) </u>	Tele	ohone		بـ	upt	<u>S</u> EPHS N	0.	Follow-up:	Yes		No	_
[W	ahr	~ // /	nel-		<i>'</i>						Follow-up Date:				
NO 580-1814 (9-13)				DISTRIBUTION: WHI	TE – OWNE	R'S COPY	(CANARY - FI	LE COPY				E6.3	ا7

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		TIME OUT					
DAGE	of	_					

ESTABLISHMENT NAME		ADDRESS		CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/	LOCATION	TEMP. ii	n°F	
Code		PRIORITY I	TEMS		Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an acceptable level, hazards a hours or as stated.	ssociated with foodborne illness	(date)	ii ii ii ii	
						₩	
Code		CORE ITI	EMS		Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOF	, operational controls, facilities or s	structures, equipment design, gene	ral maintenance or sanitation on or as stated.	(date)		
						0- 4 1	
						MU	
		EDUCATION PROV	IDED OR COMMENTS				
Person in Ch	narge /Title:	Quant	Liebh	Date:			
lyspector:	In DAN	Telephone No	. EPHS No.	Follow-up: Follow-up Date:	Yes	No	