

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	INSPECT LIMITS	CTION, OR SU FOR CORRE		OD OF TIME AS IN THIS NOTICE	MAY BE S	PECI	FIED I	N WRIT	TING BY T	HE RE		Y. FAILURE			
ESTABLISHN	/IENT N	IAME:		OWNER:							PERSON IN C	HARGE:			
ADDRESS:											COUNTY:				
CITY/ZIP:	CITY/ZIP: PHONE:				FAX:			P.H. PRIORIT	Y: H	М	I	L			
			DELI UMMER F.F				INSTITUTION TEMP.FOOD	MOBIL	E VEN	DORS					
PURPOSE Pre-openi		Routine	Follow-up	Complaint	Other			/ (V E) (I)			TEIWI II GGB				
FROZEN DES		approved	SEWAGE DISPO PUBLIC	SAL PRIVAT				UPPLY			COMMUNITY	PRIV			
License No										Date	Sampled	. Resi	ults		
					ACTORS A										
			ctices and employee ealth interventions a								ontrol and Prevention as	contributing	factors i	in	
Compliance			Demonstration of Kno		cos	R	Co	mpliance			Potentially Hazardou			COS	R
IN C	DUT	UT Person in charge present, demonstrates knowledge and performs duties			∍,		IN (1 TUC	JT N/O N/A Proper cooking, time and temperature						
		Employee Health							N/O N/A						
	OUT OUT	71 71							N/O N/A	· · · · ·					
		Good Hygienic Practices					IN	OUT	N/A	Proper cold holding temperatures					
IN OUT	N/O		g, tasting, drinking or to from eyes, nose and			-			N/O N/A	Proper date marking and disposition Time as a public health control (procedures /					
IN OUT	N/O						IN (1 TUC	N/O N/A	record	ds)	**	. ,		
IN OUT	N/O		enting Contamination and properly washed				IN	OUT	- NI/A	Const	Consumer Advi umer advisory provided f				
IN OUT	N/O N/O	No bare hand	d contact with ready-to	o-eat foods or			IIN	OUT	N/A	under	cooked food Highly Susceptible Po	opulations			
	N/O OUT		ernate method proper ndwashing facilities s				INI A	OUT N	N/O N/A	Paste	urized foods used, prohil		ot		
	,01	accessible	Approved Source	9			IIN '	JU1 1	N/O IN/A	offere	chemical				
IN O	UT	Approved Source Food obtained from approved source					IN OUT N/A		Food additives: approved and properly used						
IN OUT N/O	N/A	Food receive	d at proper temperatu	ıre			11	١	OUT	Toxic used	substances properly ide	ntified, stored	and		
IN O	UT	Food in good	condition, safe and u	ınadulterated							onformance with Approv	ed Procedure	es		
IN OUT N/O	destruction			е		IN	OUT	Γ N/A	N/A Compliance with approved Specialized Process and HACCP plan						
			rotection from Contan	nination			Tho	lottor to	the left o	f ooob it	tom indicates that item's	atatua at tha	time of	tho	
IN OUT	N/A	E 1 1 1 10 12 1				-	The letter to the left of each item indicates that item's status at the time inspection.					unie oi	uic		
IN OUT	N/A N/O	Proper disposition of returned proviously served					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
110 001	IN/O	reconditioned	d, and unsafe food		COOD BET	·		ICEC							
		Good Retail P	ractices are preventat		GOOD RET control the i				ogens, ch	emicals	, and physical objects int	to foods.			
IN OUT		Sa	afe Food and Water		COS	R	IN	OUT			Proper Use of Utensils			cos	R
			ed where required approved source								properly stored ment and linens: properly	stored dried	1		
									handled	, , ,	, , ,				
	Adequ		Temperature Contro						Single-u Gloves		le-service articles: prope	rly stored, us	ed		
	Appro	ved thawing m	ethods used							Uter	nsils, Equipment and Ver				
	Therm	ometers provid	ded and accurate								ood-contact surfaces clea tructed, and used	nable, prope	rly		
		F	Food Identification				İ		Warewa	shing fa	acilities: installed, mainta	ined, used; te	est		
	Food	oronerly lahele	d: original container						strips us		ct surfaces clean				
	1 000	Food properly labeled; original container Prevention of Food Contamination							140111000	Physical Facilities					
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage					Hot and cold water available; adequate pressure									
	Conta and di		ntea auring tood prep	paration, storage					Plumbin	g install	led; proper backflow dev	ices			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry								Sewage	and wa	astewater properly dispos	sed				
	Wiping	g cloths: prope	rly used and stored								properly constructed, sup				
Fruits and vegetables washed before use									Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean						
Person in Ch	rge /T	itle:			1				rnysica	Iacilitie	Date:	ани стеап	ı	<u> </u>	
Inspector Telephone No.).		EPHS No. Follow-up: Yes No Follow-up Date:)					
NO 560-1814 (9-13)	" 	m /	1 110 7	DISTRIBUTION: WHI	TE – OWNER'S	COPY		l	CANARY – FI	LE COPY	. Onow up Date.				E6.37



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TIME IN		TIME OUT					
DAGE	of						

ESTABLISHMENT NAME AD		ADDRESS			CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	F	OOD PRODUCT/	LOCATION	TEMP. ii	TEMP. in ° 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	to an accepta hours or as s	able level, hazards a stated.	ssociated with foodborne illne	ess (date)	a.	
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE n, operational controls, facilities or s Ps). These items are to be correc	tructures, equi	ipment design, gene xt regular inspection	ral maintenance or sanitation on or as stated.	Correct by (date)	Initial	
		EDUCATION PROVI	DED OR CC	DMMENTS			I	
Person in Ch	narge /Title:				Date:			
Inspector.	ColuMBUL-	Telephone No		EPHS No.	Follow-up: Follow-up Date:	Yes	No	