

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 INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE ESTABLISHMENT NAME: OWNER: | | | | | MAY BE MAY RE | AY RESULT IN CESSATION OF YOUR FOOD OPERATIONS. | | | | OD OPERATIONS. PERSON IN CHARGE: | COMPL | .Y | |
|--|--|-------------------------|--|--------------------|---|---|---|--|--|--|---|--|-------|
| ADDRESS: | | | | | | | | | | COUNTY: | | | |
| | | | | | | | | | | | 0001111 | | |
| CITY/ZIP: PHONE: | | | | | FAX: | | | | | P.H. PRIORITY: H | М | L | |
| ESTABLISHMENT TYPE BAKERY C. STORE CATERER D | | | | ELI | | (| SROCE | RY STOR | F | INSTITUTION MOBILE V | ENDOR: | S | |
| RESTAUR | RANT | SCHOO | | | JMMER F | F.P. | | AVERN | | _ | TEMP.FOOD | LINDOIN | |
| PURPOSE Pre-openir | ng | Routine | Follow-up | Complaint | Oth | er | | | | | | | |
| FROZEN DES | | approved | SEWAGE DISPO | SAL PRIVATI | E | | | UPPL) | | NON | -COMMUNITY PRIVATE | | |
| License No | | | | | | | | | | Date | e Sampled Results | | |
| | | | | RISK FA | | | | | | | | | |
| | | | ctices and employee ealth interventions a | | | | | | | | Control and Prevention as contributing factor | ors in | |
| Compliance | 3 Outbie | | Demonstration of Kno | | COS | | | mpliance | | | Potentially Hazardous Foods | COS | S R |
| IN O | UT | Person in cha | arge present, demons | • | , | | IN (| OUT I | N/O N/A | Prope | er cooking, time and temperature | | |
| | | and performs | Employee Healt | h | | | | | N/O N/A | Prone | er reheating procedures for hot holding | + | |
| IN O | UT | Management | awareness; policy p | | | | | | N/O N/A | | er cooling time and temperatures | + | |
| IN O | UT | Proper use of | f reporting, restriction | | | | | | N/O N/A | | er hot holding temperatures | | |
| IN OUT | N/O | Proper eating | Good Hygienic Prac , tasting, drinking or | | | | IN (| <u> TUO</u> 1 TUC | Γ N/A N/O N/A | Proper cold holding temperatures Proper date marking and disposition | | | |
| | N/O | | from eyes, nose and | | | | | | N/O N/A | | as a public health control (procedures / | + | |
| IN OUT | IN/O | | | | | | IIN (| JU1 1 | N/O N/A | recor | | | |
| | | | enting Contamination and properly washed | | | _ | | | | Cons | Consumer Advisory sumer advisory provided for raw or | _ | + |
| IN OUT | N/O | | | | | | IN | OUT | Γ N/A | | rcooked food | | |
| IN OUT | N/O | approved alte | d contact with ready-ternate method proper | ly followed | | | | | | | Highly Susceptible Populations | | |
| IN O | UT | Adequate har accessible | ndwashing facilities s | upplied & | | | IN (| OUT I | N/O N/A | Paste offere | eurized foods used, prohibited foods not ed | | |
| IN OI | ı | | Approved Source | | | | | 01.15 | | _ | Chemical | | |
| IN OL | | | d from approved sou d at proper temperate | | | _ | IN | OUT | | | l additives: approved and properly used substances properly identified, stored and | 1 | + |
| IN OUT N/O | N/A | 1 000 1000110 | d at proper temperati | 110 | | | 11 | ١ | OUT | used | | ` | |
| <u> </u> | | | ood condition, safe and unadulterated records available: shellstock tags, parasite | | | | IN OU | | Γ Ν/Α | Conformance with Approved Procedures Compliance with approved Specialized Process | | ; | |
| 110 001 10/0 | IN/A | destruction | rotection from Contar | nination | | | IIN | 001 | I IN/A | and F | HACCP plan | | |
| IN OUT | N/A | | ed and protected | IIIIation | | | The | letter to | o the left of | each i | item indicates that item's status at the time | of the | |
| IN OUT | N/A | 7 | | | | inspection. | | | 00 | | | | |
| IN OUT | Proper disposition of returned, previously served, | | | | IN = in compliance N/A = not applicable OUT = not in compliance N/O = not observed | | | | | | | | |
| 55. | .,,0 | reconditioned | d, and unsafe food | (| SOOD RE | TAIL F | PRACT | ICES | | | | | |
| | | Good Retail Pi | ractices are preventa | | | | | | nogens, che | emicals | s, and physical objects into foods. | | |
| IN OUT | | Safe Food and Water | | | cos | R | IN | OUT | Proper Use of Utensils | | | cos | R |
| | Pasteurized eggs used where req Water and ice from approved sour | | | | | | | | | | : properly stored ment and linens: properly stored, dried, | | |
| | | Food | Temperature Contro | l | | | | | | se/sing | gle-service articles: properly stored, used | | |
| | | | for temperature cont | rol | | | | | Gloves u | | | | |
| | | ved thawing mo | etnods used ded and accurate | | | | | | Food an | | nsils, Equipment and Vending ood-contact surfaces cleanable, properly | ╄ | |
| | | · | | | | | | | designed | d, cons | structed, and used | | |
| | Food Identification | | | | | | | Warewashing facilities: installed, maintained, used; tes strips used | | | | | |
| Food properly labeled; original conta | | | | | | | | | | ct surfaces clean | | | |
| Prevention of Food Contamination Insects, rodents, and animals not present | | | | | 1 | | Hot and | cold w | Physical Facilities rater available; adequate pressure | ₩ | 1 | | |
| | | | nted during food prep | paration, storage | | | 1 | | | | lled; proper backflow devices | | 1 |
| | and di | splay | | | | | | | · · | | | <u> </u> | |
| Personal cleanliness: clean outer clothing, hair restraint fingernails and jewelry | | | , nair restraint, | | | 1 | | Sewage | and w | astewater properly disposed | | | |
| Wiping cloths: properly used and stored | | | | | | | let facilities: properly constructed, supplied, cleaned | | | | | | |
| | Fruits | and vegetables | s washed before use | | | | 1 | | | | e properly disposed; facilities maintained | | 1 |
| Person in Cha | arge /T | itle: | | . 11 % | | l . | 7 | | | iacilitie | es installed, maintained, and clean Date: | | 1 |
| | 50 / 1 | | <i></i> | HK 2 | NH | w. | W | 9hn | 14- | | | | |
| Inspector: | de | | | Tele | phone N | No. | • | | EPHS No | Ο. | Follow-up: Yes Follow-up Date: | ١ | No |
| HO 580-1814 (9-13) | m prot | ~ {/' | V | DISTRIBUTION: WHIT | E – OWNER | 'S COPY | , | l l | CANARY - FII | LE COPY | | | 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 | | TIME OUT | | | | |
|---------|----|----------|--|--|--|--|
| DAGE | of | | | | | |

| ESTABLISHMEN | T NAME | ADDRESS | | CITY /ZIP | | |
|-------------------|--|--|--|----------------------------------|-------------------|---------|
| FO | OD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ | LOCATION | TEMP. in ° F | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Code Reference | Priority items contribute directly to the or injury. These items MUST RECEIN | PRIORITY I elimination, prevention or reductio /E IMMEDIATE ACTION within 72 | TEMS n to an acceptable level, hazards a l hours or as stated. | ssociated with foodborne illness | Correct by (date) | Initial |
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| | | | | | | |
| Code Reference | Core items relate to general sanitation | CORE ITI | EMS tructures, equipment design, gene | ral maintenance or sanitation | Correct by (date) | Initial |
| | standard operating procedures (SSOF | Ps). These items are to be correct | ted by the next regular inspection | on or as stated. | (******) | πζ |
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| | | EDUCATION PROV | IDED OR COMMENTS | | | |
| | | | - | | | |
| Person in Cl | narge /Title: | الم. لا | | Date: | | |
| nspector: | <u> </u> | Telephone No | EPHS No. | Follow-up: | Yes | No |
| like | and Mul | 1 diaphidile No | | Follow-up Date: | | . 10 |