

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

TIME IN			TIME OUT
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NEXT ROL	UTINE	INSPE	CTION, OR SU	CH SHORTER PER	OD OF TIME A	AS MAY E	BE SPE	CIFIED	IN WRI	TING BY 1	THE RE	FACILITIES WHICH MUST BE CORRECT GULATORY AUTHORITY. FAILURE TO ODERATIONS	COMPL	Y THE .Y
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN T ESTABLISHMENT NAME: O'			OWNER:	IOL WITT	REGGE	1 IIV OL	00/1111	PERSON IN CHARGE:						
ADDRESS:									COUNTY:	COUNTY:				
CITY/ZIP: PH			PHONE:	PHONE: FAX:					P.H. PRIORITY: H	М	L			
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER				DELI SUMME	R F.P.		GROCI AVERI	ERY STOR	ľΕ	INSTITUTION MOBILE V	ENDOR	.S		
PURPOSE Pre	: -openi	ing	Routine	Follow-up	Complaint	t (Other							
FROZEN DESSERT Approved Disapproved PUBLIC License No.				WATER SUPPLY PRIVATE COMMUNITY NON-CO										
					RISK	FACTOR	RS ANI	D INTE	RVEN	TIONS				
				ctices and employee								ontrol and Prevention as contributing factor	ors in	
Complianc		SS OULDIE		emonstration of Kno					mpliance		y. 	Potentially Hazardous Foods	CO	S
IN	C	DUT	Person in cha	arge present, demon				IN	IN OUT N/O N		Prope	er cooking, time and temperature		
			and performs	duties Employee Healt	h		+				Prope	er reheating procedures for hot holding	+	-+
IN		UT		awareness; policy p					OUT	N/O N/A	Prope	er cooling time and temperatures		
IN	C	DUT	Proper use of	reporting, restriction Good Hygienic Prac		1		IN IN	OUT OU	N/O N/A T N/A		er hot holding temperatures er cold holding temperatures		_
IN C	DUT	N/O	Proper eating	, tasting, drinking or						N/O N/A		er date marking and disposition		
IN C	DUT	N/O	No discharge	from eyes, nose and	d mouth			IN	OUT	N/O N/A	Time			
IN C	DUT	N/O		enting Contamination and properly washed				IN	OU	T N/A	Const	Consumer Advisory umer advisory provided for raw or		
			No hare hand	contact with ready-	o-eat foods or			IIN				cooked food Highly Susceptible Populations	_	
IN C	DUT	N/O	approved alte	rnate method prope	rly followed									
IN	IN OUT Adequate handwashing facilities su accessible						IN	IN OUT N/O N/A Pasteuriz offered						
Approved Source IN OUT Food obtained from approved source						INI	IN OUT N/A Food addi			Chemical additives: approved and properly used		_		
IN OUT N/O N/A Food received at proper temperat										substances properly identified, stored and	i			
IN OUT Food in good condition, safe and								Conformance with Approved Procedures						
IN OUT N/O N/A Required records available: shellsten destruction			3 / 1	asite		IN	OU	T N/A	Compliance with approved Specialized Process and HACCP plan					
				otection from Contai	mination									
IN C						I he letter to the left of each item inspection.				t each it	tem indicates that item's status at the time	of the		
IN OUT N/A Food-contact surfaces cleaned &		sanitized			IN = in	in compliance OUT = not in compliance								
IN OUT N/O Proper disposition of returned, prevenue reconditioned, and unsafe food		viously served	Ι,		N	N/A = not applicable			N/O = not observed					
								PRAC						
IN	OUT			actices are preventa fe Food and Water	tive measures	to control		oduction	of pati	nogens, ch	emicals	, and physical objects into foods. Proper Use of Utensils	cos	R
		Paste	steurized eggs used where required				, , , ,					properly stored	000	+**
		Water	and ice from a							sils, equipment and linens: properly stored, dried,				
			Food Temperature Control				+		+	handled Single-u		le-service articles: properly stored, used		+
			dequate equipment for temperature con		trol					Gloves	used pro	operly		
			ved thawing me	ethods used led and accurate								nsils, Equipment and Vending properly		+
		mem	·							designe	d, const	tructed, and used		
			Food Identification od properly labeled; original container Prevention of Food Contamination sects, rodents, and animals not present intamination prevented during food preparation, storag d display								Narewashing facilities: installed, maintained, used; test strips used			
		Food								Nonfood	d-contac	et surfaces clean		1
		Insect								Hot and	cold wa	Physical Facilities ater available; adequate pressure		+-
		Conta				ge					Plumbing installed; proper backflow devices			
		Personal cleanliness: clean outer clothing, hair restrai			, hair restraint,					Sewage	Sewage and wastewater properly disposed			1
fingernails and jewelry Wiping cloths: properly used and stored				1	_			Toilet fa	cilities:	properly constructed, supplied, cleaned		+		
		Fruits	and vegetables	washed before use						Garbag	e/refuse	properly disposed; facilities maintained		
Darra	:- 0'		:41=-							Physica	I facilitie	es installed, maintained, and clean	<u> </u>	
Person	in y n			0 1								Date:		
Inspec	or:	h.	() L		_ T	elephone	e No.			EPHS N	0.	Follow-up: Yes Follow-up Date:	1	No



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TIME IN	TIME OUT	
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ESTABLISHMENT NAME ADDRESS		ADDRESS			CITY/ZIP	DITY/ZIP			
FOOI	D PRODUCT/LOCATION	TEMP. in ° F	n ° F FOOD PRODUCT/ LOCA				ΓΙΟΝ TEMP. in ° F		
Code		PRIORITY I	TEMS				Correct by	Initial	
Reference F	Priority items contribute directly to the or injury. These items MUST RECEIV	elimination, prevention or reduction /E IMMEDIATE ACTION within 72	n to an accepta hours or as s	able level, hazards a stated.	ssociated	with foodborne illness	(date)		
0.1		OODE ITS	****				0 11	1.20.1	
Code Reference C	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE a, operational controls, facilities or s cs). These items are to be correc	tructures, equi	ipment design, gene xt regular inspectio	ral mainte on or as s	nance or sanitation tated.	Correct by (date)	Initial	
								الم ا	
							`	FF	
		EDUCATION PROVI	DED OR CC	DMMENTS					
Person in Cha	rge /Title:					Date:			
Inspectof.	dollar -	Telephone No		EPHS No.		Follow-up: Follow-up Date:	Yes	No	