

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

TIME IN				TIME OUT		
PAG	E	1	of			

NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TWITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS ESTABLISHMENT NAME:  OWNI			IOD OF TIME IN THIS NOT OWNER:	THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD (					LATORY AUTHORITY. FAILURE TO COMPLY OPERATIONS.  PERSON IN CHARGE:				
ADDRESS:										COUNTY:			
CITY/ZIP: PHONE:						FAX:				P.H. PRIORITY: H	M	L	
ESTABLISHMENT TYPE										F.H. FRIORITI.	IVI		
BAKERY	C. STOR			DELI				CERY STOR	E	INSTITUTION MOBILE	VENDO	RS	
RESTAURANT PURPOSE	SCHOO	L SENIOR C	ENTER	SUMN	MER F.P.		TAVE	RN		TEMP.FOOD			
Pre-opening	Routine	Follow-up	Complai	nt	Other								
FROZEN DESSER Approved Di	T isapproved	SEWAGE DISPO PUBLIC		/ATE	W	ATER COM	SUPP 1MUNI			-COMMUNITY PRIVAT			
License No									Date	e Sampled Result	s		
			RISK	( FACT	ORS AN	D INT	ERVE	NTIONS					
Risk factors are food foodborne illness outb										control and Prevention as contributing fac	tors in		
Compliance		Demonstration of Kno		0404.00			Compliar			Potentially Hazardous Foods	С	OS	R
IN OUT	Person in charge present, demonstrates knowledge,			edge,		IN	OUT	N/O N/A	Prope	er cooking, time and temperature			
	and performs	s duties Employee Healt	·h			IN		N/O N/A	Prone	er reheating procedures for hot holding			⊢
IN OUT	Managemen	t awareness; policy p				IN		N/O N/A					<del>                                     </del>
IN OUT		f reporting, restriction	and exclusion	on		IN	OUT	N/O N/A	/A Proper hot holding temperatures				
IN OUT N/O	Drop or poting	Good Hygienic Prac				IN IN		UT N/A N/O N/A	Proper cold holding temperatures				<u> </u>
	No discharge	g, tasting, drinking or e from eyes, nose and							Time as a public health central (precedures /				
IN OUT N/O	· ·	• •				IN	001	N/O N/A	recor	ds)			<u></u>
IN OUT N/O		venting Contamination and properly washed				IN	۱ 0	UT N/A		Consumer Advisory umer advisory provided for raw or			-
IN OUT N/O		d contact with ready-t		or					unde	rcooked food Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied &					IN	IN OUT N/O N/A		Pasteurized foods used, prohibited foods not				
	accessible	Approved Source	e.			+			offere	ed Chemical			-
IN OUT	Food obtaine	ed from approved sou				IN	1 0	UT N/A	Food	additives: approved and properly used			H
IN OUT N/O N/A	Food receive	d at proper temperate	ure				IN	OUT	Toxic	substances properly identified, stored a	nd		
IN OUT	Food in good	condition, safe and	unadulterated	i		+			used	Conformance with Approved Procedures			<u> </u>
IN OUT N/O N/A	Required records available: shellstock tags, parasite					IN	1 0	UT N/A	Compliance with approved Specialized Process				
117 001 1170 1177	destruction	rotection from Contar	mination						and F	HACCP plan			<u> </u>
IN OUT N/A		ted and protected	Illiation			TI	ne lette	r to the left o	f each i	tem indicates that item's status at the tin	ne of the	!	
	Food-contact surfaces cleaned & sanitized						inspection.						
IN OUT N/A IN OUT N/O	Proper disposition of returned, previously served,						IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed						
11,0	reconditioned	d, and unsafe food		GOC	DD RETAI	I DDA	TICES	2					
	Good Retail P	ractices are preventa	tive measure:						emicals	s, and physical objects into foods.			_
IN OUT		afe Food and Water			OS R					Proper Use of Utensils	cos	S F	₹
		ed where required				_				properly stored ment and linens: properly stored, dried,			
vvale	er and ice nom a	approved source						handled		ment and linens, property stored, dried,			
		Temperature Contro						Single-u	se/sing	le-service articles: properly stored, used			
	quate equipment roved thawing m	for temperature cont	trol			_		Gloves	loves used properly				
		ded and accurate				+		Food an	Utensils, Equipment and Vending Food and nonfood-contact surfaces cleanable, properly				
	· ·							designe	d, cons	tructed, and used			
	Food Identification							strips us					
Food	Food properly labeled; original container					+		Nonfood	ood-contact surfaces clean				
Inse	Prevention of Food Contamination  Insects, rodents, and animals not present					+		Hot and	cold w	Physical Facilities ater available; adequate pressure	_		
Cont	Contamination prevented during food preparation, storage and display							Plumbing installed; proper backflow devices					
Pers	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					İ		Sewage	Sewage and wastewater properly disposed				
Wipi	Wiping cloths: properly used and stored								bilet facilities: properly constructed, supplied, cleaned				
Fruit	s and vegetable	s washed before use				+				e properly disposed; facilities maintained es installed, maintained, and clean	+-		
Person in Charge /	Title:	Shali	<del> &lt;</del>	$\overline{\sim}$	· W(	)(),	`	,		Date:			
/inspector:	. 111	1/00	·	Telepho	one No.	تعر	7	EPHS N	0.	Follow-up: Yes Follow-up Date:		No	
/k/kN////								1		I ollow-up Date.			

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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DACE	of	_				

ESTABLISHMENT NAME		ADDRESS		CITY/ZIP		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/	LOCATION	TEMP. ir	۱° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY I elimination, prevention or reduction /E IMMEDIATE ACTION within 72	TEMS  n to an acceptable level, hazards a  hours or as stated.	associated with foodborne illness	Correct by (date)	Initial
					<i>1</i> 00	ST.
					<u>CO</u> 5	<b>AD</b>
						NR.
						<b>18</b>
						U
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE  n, operational controls, facilities or s  s). These items are to be correct	tructures, equipment design, gene	eral maintenance or sanitation on or as stated.	Correct by (date)	Initial
		,	, , , , , , , , , , , , , , , , , , ,			48
						<b>M</b>
						40
					<b>₹</b> (0)	DK.
				•	<b>(0)</b>	***
						A
					•	大事
		EDUOATION DO ST	DED OD COMMENTS			
		EDUCATION PROVI	DED OR COMMENTS			
Person in Ch	narge /Title:	of Melyk	×1 × 10 0 0 3	Date:		
Inspecto.	elle Ohr	Telephone No	EPHS No.	Follow-up: Follow-up Date:	Yes	No