

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

TIME IN			TIME OUT			
PAGE	1	of				

WITH ANY TIME	LIMITS	FOR CORRE	ICH SHORTER PERI CTIONS SPECIFIED	IN THIS NOTIC	S MAY E E MAY I	BE SPEC	CIFIED I IN CE	IN WR	ITING BY T ON OF YO	HE RE		COMPL	.Y	
ESTABLISHMENT NAME:			OWNER:							PERSON IN CHARGE:				
ADDRESS:											COUNTY:			
CITY/ZIP: PHONE:			PHONE:			FAX	ζ:			P.H. PRIORITY: H	М	L		
ESTABLISHMENT TYPE									_			_	_	
BAKERY RESTAUR	RANT	C. STOR SCHOO			DELI SUMMER	R F.P.		GROC FAVER	ERY STOR	Ε	INSTITUTION MOBILE V TEMP.FOOD	ENDOR	:S	
PURPOSE Pre-openii	ng	Routine	Follow-up	Complaint	C	Other								
FROZEN DES	SSFRT	•	SEWAGE DISPO	SAI		WA	TER S	UPPI	Υ					-
Approved		approved	PUBLIC	PRIVA	ΤE	**/	COM				-COMMUNITY PRIVATE Sampled Results			
License No				DICKE	A CTOP	O ANI		ים ירג	ITIONS	Daic	- Sampled Itesuits			_
Dielefestere er			-ti	RISK F		-					Destroit and Description and addition for the			
			ctices and employee ealth interventions a								Control and Prevention as contributing factor	ors in		
Compliance			Demonstration of Kno					mplian			Potentially Hazardous Foods	CO	S	R
IN O	UT		arge present, demons	strates knowledg	je,		IN	OUT	N/O N/A	Prope	er cooking, time and temperature			
		and performs	Employee Healt	h				OUT	N/O N/A	Prope	er reheating procedures for hot holding	-		_
	UT		t awareness; policy p	resent					N/O N/A	Prope	er cooling time and temperatures			
IN O	UT	Proper use o	f reporting, restriction Good Hygienic Prac						N/O N/A JT N/A		er hot holding temperatures er cold holding temperatures	_		
IN OUT	N/O	Proper eating	g, tasting, drinking or				IN IN	OL OUT	N/O N/A		er date marking and disposition		-	_
IN OUT	N/O		from eyes, nose and						N/O N/A Time as a public health control (procedure: records)					
		Prev	enting Contamination	n by Hands						recor	Consumer Advisory			_
IN OUT	N/O	Hands clean	and properly washed				IN	OL	JT N/A		sumer advisory provided for raw or rcooked food			
IN OUT	N/O		d contact with ready-t							unde	Highly Susceptible Populations			_
			ernate method proper ndwashing facilities s				INI	OUT	NI/O NI/A	Paste	eurized foods used, prohibited foods not			_
	accessible				_		IIN	001	T N/O N/A offered Chemical			_		_
Approved Source IN OUT Food obtained from approved source						IN	OL	JT N/A					_	
IN OUT N/O N/A Food received at proper temperature								N	OLIT Toxic substances properly identified, stored and			t		_
IN OUT Food in good condition, safe and una			ınadulterated			-			used	Conformance with Approved Procedures			_	
IN OUT N/O N/A Required records available: shellsto				ite		IN	OL	JT N/A	Com	pliance with approved Specialized Process	;		_	
		destruction P	rotection from Contar	nination			-			and F	HACCP plan			-
IN OUT	N/A	Food separat	ted and protected							f each i	item indicates that item's status at the time	of the		
IN OUT	N/A	Food-contact	surfaces cleaned &	sanitized			insp	nspection. IN = in compliance OUT = not in compliance						
IN OUT	N/O		sition of returned, pre	viously served,			١	N/A = n	ot applicabl	е	N/O = not observed			
		reconditioned	d, and unsafe food		GOOD	RETAIL	. PRAC	TICES						
		Good Retail P	ractices are preventa	tive measures to			oduction			emicals	s, and physical objects into foods.			_
IN OUT	<u> </u>		afe Food and Water		cos	R	IN	OUT		. "	Proper Use of Utensils	cos	R	
		urized eggs used where required and ice from approved source					1			utensils: properly stored ls, equipment and linens: properly stored, dried		+		_
									handled					
	Adagu		Temperature Control for temperature cont				_			Single-use/single-service articles: properly stored, used Gloves used properly				
				101		-			Gloves		nsils, Equipment and Vending	_		-
	Approved thawing methods used Thermometers provided and accurate							Food an	Food and nonfood-contact surfaces cleanable, properly				_	
	·				_						structed, and used			
	Food Identification							strips us	ed	acilities: installed, maintained, used; test				
	Food p	od properly labeled; original container Prevention of Food Contamination							Nonfood	Nonfood-contact surfaces clean				
	Insects, rodents, and animals not present					+	+	Hot and	Physical Facilities Hot and cold water available; adequate pressure			-	-	
	Contamination prevented during food preparation, storage				:			1		Plumbing installed; proper backflow devices				
		nd display ersonal cleanliness: clean outer clothing, hair restraint, ngernails and jewelry							Sewage	and w	astewater properly disposed	+		
	fingerr							1					<u> </u>	
	Wiping cloths: properly used and stored Fruits and vegetables washed before use			-		+	1	Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained			+	-	_	
	Truits and vegetables washed befole use			+_		+	†		Rhysical facilities installed, maintained, and clean			+	_	
Person in Cha	arge /T	ïtle:		13: -	\sim	X	er	~	a V		Date:			
Inghata	, ,	\sim	ρ		ophon	No.			EPHS N		Follow-up: Yes		No	_
HISPSCIO!	66 ha	,[] 1	het	lei	ephone	TINU.			ELU2 IV	υ.	Follow-up: Yes Follow-up Date:	Г	No	
MO 590-1814 (9-13)	7000	· ~ /		DISTRIBUTION: WH	IITE – OWN	NER'S COF	PΥ		CANARY - F	LE COPY			E6.37	7

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		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/	LOCATION	TEMP. ir	ı°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.	associated with foodborne illness	(date)	
Code		CORE ITE	EMS		Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or s Ps). These items are to be correc	structures, equipment design, gene ted by the next regular inspecti	eral maintenance or sanitation on or as stated.	(date)	1
						126
		EDITO ATION DOO'	IDED OD OOM IENITO			
		EDUCATION PROV	IDED OR COMMENTS			
Person in Ch	narge /Title:	M. OR	4.40	Date:		
Inspector	John Dhell	Telephone No	EPHS No.	Follow-up: Follow-up Date:	Yes	No