

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

TIME IN			TIME OUT			
PAGE	1	of				

	TH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE STABLISHMENT NAME: OWNER:			MAY RE	Y RESULT IN CESSATION OF YOUR FOOD C				JR FO	OD OPERATIONS. PERSON IN CHARGE:			
ADDRESS:											COUNTY:		
CITY/ZIP:	CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY : H	M	L	
ESTABLISHMEN	NT TYPE										I		
BAKER) RESTAL		C. STOR SCHOO			ELI JMMER F	- Б		GROCE AVERN	RY STOR	E	INSTITUTION MOBILE VITEMP.FOOD	'ENDOR	:S
PURPOSE	JKANI		L SENIOR C				<u> </u>	AVERI	N		TEMP.FOOD		
Pre-ope		Routine	Follow-up	Complaint	Oth	er							
FROZEN DE Approved		approved	SEWAGE DISPO PUBLIC	OSAL PRIVATI	E			UPPL\			-COMMUNITY PRIVATE Sampled Results		
License No				RISK FA	CTORS	AND	INITE	D\/ENI	TIONS	Date	e Sampleu Results		
Diale factors	6		-ti								Deutsch and Deutschie a security sting for the	i	
			ctices and employee ealth interventions :								Control and Prevention as contributing fact	ors in	
Compliance			Demonstration of Kno		COS		Compliance Potentially Hazardous Foods				Potentially Hazardous Foods	CO	S R
IN	OUT		arge present, demons	strates knowledge	٠,		IN	OUT I	N/O N/A	Prop	er cooking, time and temperature		
		and performs	Employee Healt	h			IN (OUT I	N/O N/A	Prop	er reheating procedures for hot holding	$-\!$	
IN	OUT		t awareness; policy p	resent					N/O N/A	Proper cooling time and temperatures			
IN	OUT	Proper use o	f reporting, restriction						N/O N/A	Proper hot holding temperatures			
IN OUT	N/O	Proper eating	Good Hygienic Prac g, tasting, drinking or				IN IN	TUO I TUO	Γ N/A N/O N/A		er cold holding temperatures er date marking and disposition	+	
IN OUT	N/O		from eyes, nose and				1		N/O N/A		as a public health control (procedures /		
110 001	14/0	D	renting Contamination	. b I I a a da			IIN '	001	IN/O IN/A	recor	rds) Consumer Advisory	$\overline{}$	
	11/0		and properly washed			_	 	0.11	- 11/0	Cons	sumer advisory provided for raw or		
IN OUT	N/O						IN	OUT	Γ N/A		rcooked food		
IN OUT	N/O		d contact with ready-ternate method proper								Highly Susceptible Populations		
IN	OUT		ndwashing facilities s	upplied &			IN	OUT I	N/O N/A	Paste offere			
16.1	OLIT.		Approved Source					0115			Chemical		
IN OUT Food obtained from approved source Food received at proper temperature					IN	OU1		Toxic substances properly identified stored and					
IN OUT N/	O N/A						11	N	OUT	used			
IN (DUT		condition, safe and				1				Conformance with Approved Procedures		
IN OUT N/O N/A Required records available: shellstock tags, parasit destruction			tock tags, parasite	9		IN	IN OUT N/A Compliance with approved and HACCP plan			pliance with approved Specialized Proces HACCP plan	3		
			rotection from Contar	mination									•
IN OUT	N/A	Food separated and protected					The letter to the left of each item indicates that item's status at the time inspection.				of the		
IN OUT	N/A	Food-contact surfaces cleaned & sanitized					IN = in compliance OUT = not in compliance						
IN OUT	N/O		sition of returned, pre	viously served,			N/A = not applicable N/O = not observed						
		reconditioned	d, and unsafe food		GOOD RE	TAIL	PRAC1	TICES					
				tive measures to o			_	_	ogens, ch	emical	s, and physical objects into foods.		
IN OUT		Safe Food and Water eurized eggs used where required		COS	R	IN	OUT	In-use utensils: pro		Proper Use of Utensils	COS	R	
		r and ice from approved source									ment and linens: properly stored, dried,	+	
		-	I.T						handled	, .			
Food Temperature Control Adequate equipment for temperature control							Gloves u		gle-service articles: properly stored, used roperly	+			
Approved thawing methods used Thermometers provided and accurate								Ute	nsils, Equipment and Vending				
									ood-contact surfaces cleanable, properly structed, and used				
		F	ood Identification						Warewa	shing f	facilities: installed, maintained, used; test	+	
Food properly labeled; original container Prevention of Food Contamination							strips us	os used					
					1		Nonfood	I-conta	ct surfaces clean Physical Facilities	+-			
	Insects, rodents, and animals not present Contamination prevented during food preparation, storage					1		Hot and	cold w	rater available; adequate pressure			
										lled; proper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint,					+		Sewago	and w	astewater properly disposed	+-			
	fingeri	nails and jewel	ry	, nan restraint,									
Wiping cloths: properly used and stored Fruits and vegetables washed before use					1			oilet facilities: properly constructed, supplied, cleaned					
	ruits	and vegetable	s wasned before use				1			Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean			
Person in C	harge /T	ïtle:		<u> </u>	~) .			, , , , , , ,		Date:		
	<u> </u>		A	CVC	<u> </u>	کب/	Cr	<u> </u>					
Inspector:	Lon	ha- 1)	UNC		phone N				EPHS N		Follow-up: Yes Follow-up Date:	1	No
10 589 1814 9 13	3)		/ 	DISTRIBUTION: WHIT	E – OWNER	'S COPY	,		CANARY - FI	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					
DACE	of	_					

ESTABLISHMENT NAME		ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT	L LOCATION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEN	PRIORITY I elimination, prevention or reduction VE IMMEDIATE ACTION within 72	TEMS n to an acceptable level, hazards hours or as stated.	associated with foodborne illness	Correct by (date)	Initial	
						3	
						(W	
Code		CORE ITE	-MC		Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or s	tructures, equipment design, gen	eral maintenance or sanitation ion or as stated.	(date)	IIIIIIai	
						$\mathcal{Y}\mathcal{Y}$	
						613	
						5	
						53	
						_	
		EDUCATION PROV	DED OR COMMENTS				
		1					
Person in Ch	narge /Title:	. ()		Date:			
Inspector:	who A Phr	Telephone No	EPHS No.	Follow-up: Follow-up Date:	Yes	No	