

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 INSPECT	ON THIS DAY, THE ITEMS NOTE	OD OF TIME AS M	MAY BE SPEC	IFIED I	N WRI	TING BY T	HE REGU	ILATORY AUTHORITY. F	BE CORRE	CTED B COMPI	Y THE LY
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE N ESTABLISHMENT NAME: OWNER:				IAY RESULT IN CESSATION OF YOUR FOOD O					PERSON IN CHARGE:		
ADDRESS:						COUNTY:					
CITY/ZIP: PHONE:				FAX:			P.H. PRIORITY :	Н	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMM				GROCERY STORE INSTITUTION MOBILE VEND MER F.P. TAVERN TEMP.FOOD				√ENDOF	₹S		
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other								
FROZEN DESSERT Approved Disap License No.	proved SEWAGE DISPO	SAL PRIVATE		TER S COMM				DMMUNITY ampled	PRIVAT Results		
	•	RISK FAC	CTORS AND	INTE	RVEN	TIONS					
	paration practices and employee ks. Public health interventions a							rol and Prevention as conf	tributing fac	tors in	
Compliance	Demonstration of Know	wledge			npliance			Potentially Hazardous Fo		CC	OS R
	Person in charge present, demons and performs duties	trates knowledge,		IN OUT N/O N/A Proper co			Proper c	ooking, time and temperat	ure		
	Employee Health								eheating procedures for hot holding		
	Management awareness; policy pr Proper use of reporting, restriction							ooling time and temperatures of holding temperatures			_
IN OUT NO	Good Hygienic Prac			IN	OUT	Γ N/A	Proper c	old holding temperatures	_	\perp	
	Proper eating, tasting, drinking or the No discharge from eyes, nose and					N/O N/A		ate marking and disposition a public health control (pro		_	
IN OUT N/O	Preventing Contamination	by Hands	_	IIN (JU1 1	N/O N/A	records)	Consumer Advisory			
IN OUT N/O	Hands clean and properly washed		_	IN	OUT	Γ Ν/Α		er advisory provided for ra	w or		
<u> </u>	No bare hand contact with ready-to	o-eat foods or		undercook		ked food Highly Susceptible Populations					
IN OUT N/O	approved alternate method proper	ly followed									
IN OUT Adequate handwashing facilities supplied & accessible				IN OUT N/O N/A Pasteurized foods used, prohibited f offered			I foods not				
IN OUT I	Approved Source			IN	OUT	Γ Ν/Α	Food ad	Chemical ditives: approved and prop	orly used		
IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature				"N		OUT	Toxic su	bstances properly identifie		nd	-
IN OUT Food in good condition, safe and unadulterated				-			used Conf	formance with Approved P	rocedures	_	
IN OUT N/O N/A Required records available: shellstock tags, p destruction				IN	Compliance with approved Specialized Process			S			
IN OUT N/A	Protection from Contan Food separated and protected	nination	_	The	lattar to	n the left of	f each item	n indicates that item's statu	is at the tim	a of the	
114 001 1477	THE COT 14/1.			The letter to the left of each item indicates that item's status at the time of the inspection.							
IIV 001 IV/A	Dranger diagnosition of returned proviously served			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
	reconditioned, and unsafe food	, ,									
G	ood Retail Practices are preventat		OOD RETAIL ontrol the intro			nogens, ch	emicals. a	nd physical objects into fo	ods.		
IN OUT	Safe Food and Water		COS R	IN	OUT		Р	roper Use of Utensils		COS	R
	zed eggs used where required nd ice from approved source							operly stored nt and linens: properly stor	ed, dried,	_	_
	••			-		handled	, , ,	,	, ,	4	4
Adequat	Food Temperature Contro e equipment for temperature cont			+			se/single-s used prope	service articles: properly st erly	torea, usea	+	+
Approved thawing methods used Thermometers provided and accurate					_		Utensil	s, Equipment and Vending -contact surfaces cleanable			
						designe	d, construc	cted, and used			
	Food Identification					Warewa strips us		ities: installed, maintained	, used; test		
Food properly labeled; original container								urfaces clean			1
Insects.	Prevention of Food Contamina rodents, and animals not present			Physical Facilities Hot and cold water available; adequate pressure			sure		+		
	nation prevented during food prep		Plumbing installed; proper backflow devices								
Persona	I cleanliness: clean outer clothing,				Sewage	and waste	ewater properly disposed				
fingernails and jewelry Wiping cloths: properly used and stored						Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained			1		
Fruits ar	nd vegetables washed before use			-				operly disposed; facilities in nstalled, maintained, and or		+-	+-
Person in Charge /Title	e:	31 S1. F	162	フハ	vir			Date:			
Inspector.		Telep	phone No.	ربع	• •	EPHS N	0. F	follow-up:	Yes		No
(Whole	m d/ pll		-					ollow-up Date:			



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TIME IN		TIME OUT					
DAGE	of						

ESTABLISHMENT NAME		ADDRESS		CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCTA	LOCATION	TEMP. in ° F		
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIVED	PRIORITY I e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	TEMS n to an acceptable level, hazards a hours or as stated.	associated with foodborne illness	Correct by (date)	Initial	
						प्रट	
Code		CORE ITE	EMS		Correct by	Initial	
Reference	Core items relate to general sanitation standard operating procedures (SSOI	n, operational controls, facilities or s Ps). These items are to be correc	tructures, equipment design, gene ted by the next regular inspecti	eral maintenance or sanitation on or as stated.	(date)		
						M. C	
						710	
		EDITION DROV	DED OR COMMENTS				
		EDUCATION PROV	DED ON COMMENTS				
Person in Cl	narge /Title:	MIGAE	20 vil.	Date:			
Inspector:	legh DA	M GA E Telephone No		Follow-up: Follow-up Date:	Yes	No	