

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 INSPECTION, OR SUCH SHORTER PERIOD OF TI WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS N ESTABLISHMENT NAME: OWNE				THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD (OPERATIONS.			
ADDF	RESS:											COUNTY:		
CITY	CITY/ZIP: PHONE:					FAX:				P.H. PRIORITY: H	M	L		
ESTABLISHMENT TYPE									I					
	BAKERY RESTAU		C. STOR SCHOO			ELI JMMER I	F.P.		GROCE AVERI	ERY STOR N	E	INSTITUTION MOBILE V TEMP.FOOD	ENDOR	S
PURPO			Routine	Follow-up	Complaint	Oth		-						
	ZEN DE	•		SEWAGE DISPO	•	T		EDC	UPPL	V				
_	proved		approved	PUBLIC	PRIVATI	=			/UNIT			I-COMMUNITY PRIVATE e Sampled Results		
Licens	e No				RISK FA	CTORS	AND	INTE	RVEN	TIONS				
Risk f	actors a	re food r	preparation pra	ctices and employee							ease C	Control and Prevention as contributing factor	rs in	
foodbo	orne illne		eaks. Public h	ealth interventions	are control measu	res to pre	event fo	odbor	ne illne	ss or injury				0 0
Compli				Demonstration of Kno arge present, demons	•	COS	S R	+	mpliance		Prop	Potentially Hazardous Foods er cooking, time and temperature	CO	S R
IN	(TUC	and performs	duties		,		IN		N/O N/A		0,		
INI		NIT.	Managanan	Employee Healt						N/O N/A		er reheating procedures for hot holding		
IN IN		DUT DUT		awareness; policy per f reporting, restriction				_		N/O N/A		er cooling time and temperatures er hot holding temperatures	+	
				Good Hygienic Prac	tices			IN	OU	T N/A	Prop	er cold holding temperatures		
IN	OUT	N/O		g, tasting, drinking or from eyes, nose and			-			N/O N/A		er date marking and disposition as a public health control (procedures /		
IN	OUT	N/O	ŭ					IN	OUT	N/O N/A	recor	rds)		
				enting Contamination and properly washed				1			Cons	Consumer Advisory sumer advisory provided for raw or		
IN	OUT	N/O						IN	OU	T N/A		rcooked food		
IN	OUT	N/O		d contact with ready-ternate method proper								Highly Susceptible Populations		
IN OUT Adequate handwashing facilities supplied & accessible						IN	OUT	N/O N/A	Paste					
Approved Source						INI	01.1	T N/A		Chemical				
IN OUT N/O N/A Food received at proper temperature						IN	OU.	T N/A OUT		I additives: approved and properly used c substances properly identified, stored and	1			
			Food to accord						N	001	used			
IN OUT N/O N/A Required records available: shellstock tags, I						INI	011	T N/A	Conformance with Approved Procedures Compliance with approved Specialized Process					
IN O	UI N/C) N/A	destruction					IN	OU	T N/A		HACCP plan		
INI	OUT	N/A		rotection from Contar ted and protected	nination		-	The	letter t	o the left o	f each	item indicates that item's status at the time	of the	
IN			Food-contact surfaces cleaned & sanitized				-	inspection.					01 1110	
IN IN	OUT	N/A N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed						
						SOOD RI								
INI	OUT				tive measures to o	control th	e introd	duction	of path	nogens, ch	emical	s, and physical objects into foods.	cos	R
Water Adequ		Safe Food and Water Pasteurized eggs used where required			COS	K	IIN	001	In-use u	Proper Use of Utensils utensils: properly stored			K	
		Water	and ice from a						Utensils					
			Food Temperature Control				+			handled Single-u		gle-service articles: properly stored, used		
		ate equipment for temperature control							Gloves					
		Approved thawing methods used Thermometers provided and accurate						1		Food an	Ute d nonf	ensils, Equipment and Vending ood-contact surfaces cleanable, properly		
	·								designe	d, cons	structed, and used			
			Food Identification							Warewa strips us		facilities: installed, maintained, used; test		
	Food properly labeled; original container										ct surfaces clean			
		Insect	Prevention of Food Contamination nsects, rodents, and animals not present Contamination prevented during food preparation, storage and display Personal cleanliness: clean outer clothing, hair restraint,					1		Hot and	cold w	Physical Facilities vater available; adequate pressure		
		Conta						1				illed; proper backflow devices		1
		and di					<u> </u>	-		Sewage	and w	rastewater properly disposed	-	-
		fingernails and jewelry												
Wiping cloths: properly used and stored						1				properly disposed: facilities maintained		1		
		i-iuiis	Fruits and vegetables washed before use								rbage/refuse properly disposed; facilities maintained ysical facilities installed, maintained, and clean			
Perso	on in Ch	arge /T	itle:							•		Date:		•
lana -	2/	7		001	Tota	phone N	No.		1	EPHS N		Follow-up: Yes		No
rspe		[2/	phi - 1	WELLA	rele	priorie l	NU.			EFFO IN	υ.	Follow-up: Yes Follow-up Date:	r	No
MO 580	-1814 (9-13)			- 11-11 L	DISTRIBUTION: WHIT	E – OWNER	R'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



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

TIME IN	TIME OUT
PAGE	of

ESTABLISHMENT NAME		ADDRESS	CITY/ZIP					
FO	OD PRODUCT/LOCATION	TEMP. in ° F	TEMP. in ° F FOOD PRODUCTA				TEMP. in ° F	
Code		PRIORITY I	TFMS				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	to an accepta hours or as s	ble level, hazards a tated.	ssociated	with foodborne illness	(date)	milia
Code Reference	Core items relate to general sanitation standard operating procedures (SSOP	CORE ITE , operational controls, facilities or s s). These items are to be correc	tructures, equip	oment design, gene it regular inspection	ral mainter	nance or sanitation ated.	Correct by (date)	Initial
		EDUCATION PROVI	DED OR CO	MMENTS				
Person in Ch	narge /Title:					Date:		
Inspector/	Ladu Ofth	Telephone No		EPHS No.		Follow-up: Follow-up Date:	Yes	No