

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

TIME IN			TIME OUT
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NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE ESTABLISHMENT NAME: OWNER:					CE MA	MAY BE SPECIFIED IN WRITING BY THE REGUL MAY RESULT IN CESSATION OF YOUR FOOD C					HE RE JR FO	OD OPERATIONS.	DPERATIONS. PERSON IN CHARGE:			
ADDRESS:												COUNTY:				
CITY/ZIP: PHONE:								FAX:				P.H. PRIORITY :	Н	M	<u> </u>	
						1.70						P.H. PRIORITY:		IVI	L	_
					DELI SUMM	/ED E	D		ROCE	RY STOR	E	INSTITUTION TEMP.FOOD	MOBILE	√ENDOF	RS	
PURPOSE	KANI		SENIOR C						AVERN	1		TEMP.FOOD				_
Pre-open	•	Routine	Follow-up	Complaint		Othe										
FROZEN DESSERT Approved Disapproved PUBLIC PRIVA					ATE						-COMMUNITY	PRIVATI	E			
License No											Date	Sampled	Results	·		,
				-						TIONS						
			ctices and employee ealth interventions									ontrol and Prevention as conti	ibuting fac	tors in		
Compliance	33 Outbre		Demonstration of Kno		1301031	COS	R		npliance		•	Potentially Hazardous Fo	ods	CC	OS	R
IN OUT Person in charge present, demonst and performs duties				lge,			IN (DUT I	N/O N/A	Prope	er cooking, time and temperatu					
		and perionne	Employee Healt	th				IN (N/O N/A	Prope	er reheating procedures for ho	ot holding			
	DUT		t awareness; policy p					_		N/O N/A						
IN C	DUT	Proper use o	f reporting, restriction Good Hygienic Prac					IN (OUT	Γ N/A						
IN OUT	N/O		g, tasting, drinking or					IN (I TUC	N/O N/A	N/O N/A Proper date marking and disposition					
IN OUT	N/O	No discharge from eyes, nose and mouth						IN (1 TUC	N/O N/A Time as a public health control (procedures / records)						
			renting Contamination									Consumer Advisory	Consumer Advisory r advisory provided for raw or			
IN OUT	N/O	Hands clean and properly washed						IN	OUT	Γ N/A		rcooked food				
IN OUT	OUT N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed									Highly Susceptible Populations			tions			
IN OUT Adequate handwashing facilities supplied &								IN (DUT I	UT N/O N/A Pasteurized foods used, prohibited foods not offered Chemical			foods not			_
accessible Approved Source																
IN OUT Food obtained from approved source					=			IN	OUT	Γ N/A						
IN OUT N/O N/A Food received at proper temperature								II.	1	OUT	OUT Toxic substances properly identified, stored an used			ıd		
IN OUT Food in good condition, safe and unadulterated					-14-						Conformance with Approved Procedures Compliance with approved Specialized Proces					
IN OUT N/O N/A Required records available: shellstock tags, parasidestruction					site			IN	OUT	and HACCP plan						
			rotection from Contai	mination				- 1.	1.111.							
IN OUT N/A Food separated and protected IN OUT N/A Food-contact surfaces cleaned & sanitized							The letter to the left of each item indicates that item's status at the time inspection.					e or the				
IN OUT	N/A		sition of returned, pre			IN = in compliance N/A = not applicable					OUT = not in complia N/O = not observed	ance				
IN OUT	N/O		d, and unsafe food	eviously served						т арриоави		.,, 6				
		Good Retail P	ractices are preventa	tive measures		D RE1				ogens ch	emicals	s, and physical objects into foc	nds			
IN OUT			afe Food and Water			os	R	IN	OUT		,,,,,ca,c	Proper Use of Utensils	GO.	cos	R	_
Pasteu		urized eggs used where required								In-use utensils: properly stored						
	Water and ice from approved source								Utensils, handled	equip	ment and linens: properly store	∍d, dried,				
		Food Temperature Control									Single-use/single-service articles: properly stored, used					
		uate equipment ved thawing m	for temperature con	trol						Gloves u		operly nsils, Equipment and Vending		_	_	
			ded and accurate		_					Food an		ood-contact surfaces cleanable		_	+	_
		nomotors provided and accurate								designed	designed, constructed, and used					
		Food Identification									Warewashing facilities: installed, maintained, used; test strips used					
	Food	d properly labeled; original container Prevention of Food Contamination cts, rodents, and animals not present tamination prevented during food preparation, storage display sonal cleanliness: clean outer clothing, hair restraint,									Nonfood-contact surfaces clean					
	Insect									Hot and	cold wa	Physical Facilities ater available; adequate press	ure	+-	+	_
	Conta											led; proper backflow devices				
	Perso									Sewage	and wa	astewater properly disposed		+	\top	
	fingernails and jewelry Wiping cloths: properly used and stored					+				Toilet fac	pilet facilities: properly constructed, supplied, cleaned			+		_
Fruits and vegetables washed before use				工					Garbage/refuse properly disposed; facilities maintained						_	
Porcon in Ch	Control /Title:									Physical	tacilitie	es installed, maintained, and c	lean			_
Person in Ch			.1 1									Date:				
Askector Telepho				hone No.				EPHS No.		Follow-up: Yes Follow-up Date:			No			
M9 580-1814 (9-13)	VIV	<u>~ V /</u>		DISTRIBUTION: V	VHITE – C	WNER'S	COPY		J	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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ESTABLISHMENT NAME		ADDRESS			CITY/ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	F	OOD PRODUCT/	LOCATI	ON	TEMP. in ° 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	to an accepta hours or as s	able level, hazards a stated.	ssociated	with foodborne illness	(date)	milia
Code Reference	Core items relate to general sanitation standard operating procedures (SSOF	CORE ITE , operational controls, facilities or s Ps). These items are to be correc	tructures, equi	pment design, gene xt regular inspection	ral mainte	nance or sanitation tated.	Correct by (date)	Initial
		EDUCATION PROVI	DED OR CC	MMENTS				
Person in C	Parge /Title:					Date:		
Vispector:	John Oll	Telephone No		EPHS No.		Follow-up: Follow-up Date:	Yes	No