

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

TIME OUT TIME IN

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| ESTABLISHMENT NAME: OWNER: | | | 0 | MAY RESULT IN CESSATION OF YOUR FOOD O | | | | PERSON IN CHARGE: | | | | | | |
|---|--------------|---|---|--|----------------|----------------|--|---|---|--|--|-------------------|-----------|--------------|
| ADDRESS: | | | | | | | | | | | COUNTY: | | | |
| CITY/ZIP: | | | PHONE: FAX: | | | | | P.H. PRIORITY : | н | М | L | | | |
| ESTABLISHMEN BAKERY RESTAL | (| C. STOR SCHOO | | | ELI IMMER F | P | | GROCE | RY STOR | | NSTITUTION EMP.FOOD | MOBILE | VENDO | RS |
| PURPOSE Pre-oper | | Routine | Follow-up | Complaint | Othe | | | | | | | | | |
| FROZEN DE Approved | SSERT | approved | SEWAGE DISPO PUBLIC | DSAL PRIVATE | | | | JPPLY IUNITY | | | MMUNITY mpled | PRIVAT Result | Е s | |
| icense no | | | | RISK FA | CTORS | AND | INTE | RVENT | IONS | | | | | |
| | | | ctices and employee | | | | | | | | and Prevention as cont | tributing fac | ctors in | |
| Compliance | | | Demonstration of Kno | | COS | | | npliance | | | Potentially Hazardous Fo | oods | С | OS |
| IN OUT | | Person in charge present, demonstrates knowledge, and performs duties | | | , | | IN (| N TUC | N/O N/A | N/A Proper reheating procedures for hot holding | | | | |
| IN | OUT | Employee Health Management awareness; policy present | | | | | | | | | | | | |
| | OUT | | f reporting, restriction | and exclusion | | | IN C | N TUC | N/O N/A | Proper hot | t holding temperatures | ies | | |
| | N/O | Proper eating | Good Hygienic Prac | | | _ | IN IN (| TUO 1 TUC | N/A /0 N/A | | d holding temperatures te marking and disposition | n | | |
| | | | | | | | | 1/0 N/A | Time as a | public health control (pro | | | | |
| | | Prev | enting Contamination | h by Hands | | + | | | | records) | Consumer Advisory | | | |
| N OUT | N/O | Hands clean | and properly washed | 1 | | | IN | OUT | N/A | Consumer undercook | advisory provided for ra | w or | | |
| N OUT | N/O | | d contact with ready- | | | | | | | | lighly Susceptible Popula | ations | | |
| IN OUT Adequate handwashing facilities | | | | | | IN OUT N/O N/A | | N/O N/A | | ed foods used, prohibited | foods not | | | |
| | | accessible | Approved Source | e | | | | | | offered | Chemical | | | |
| IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature | | | | | | | | | | litives: approved and properly used ostances properly identified, stored and | | nd | | |
| | O N/A DUT | | condition, safe and | | | _ | | | 001 | Conformance with Approved Procedures | | _ | | |
| | | Required rec | ords available: shells | | | | | OUT | OUT N/A Compliance | | e with approved Special | | ss | |
| | • | destruction Pi | rotection from Conta | mination | | | | | | and HACC | CP plan | | | |
| N OUT | N/A | Food separat | ed and protected | | | | | | the left of | each item i | ndicates that item's statu | us at the tin | ne of the | |
| N OUT | N/A | Food-contact | surfaces cleaned & | sanitized | | | IN = in compliance OUT = not in compliance | | | | | | | |
| N OUT | N/O | | sition of returned, pre I, and unsafe food | | | | N, | A = not | applicable | 9 | N/O = not observed | 1 | | |
| | | | | G | OOD RE | | | | | | | | | |
| IN OUT | | | ractices are preventa ife Food and Water | tive measures to c | control the | e introd R | uction IN | of path OUT | ogens, che | | d physical objects into for | ods. | COS | ; |
| | Paster | | ed where required | | 000 | K | | 001 | | ensils: prop | | | 000 | _ |
| | Water | and ice from a | pproved source | | | | | | Utensils, handled | equipment | and linens: properly stor | ed, dried, | d, | |
| | | | Temperature Contro | | | | | | Single-u | | rvice articles: properly st | tored, used | 1 | |
| | | ate equipment /ed thawing me | for temperature con ethods used | rol | | | | | Gloves ι | sed properl | y Equipment and Vending | 1 | | _ |
| | | | led and accurate | | | | | | | d nonfood-c | ontact surfaces cleanabl | , le, properly | , | 1 |
| | | F | ood Identification | | | | | | Warewa | shing faciliti | ed, and used es: installed, maintained | , used; test | : | - |
| | Food r | properly labeled | | | | | | | rips used onfood-contact surfaces clean | | | | _ | |
| | | od properly labeled; original container Prevention of Food Contamination | | | | | | | Physical Facilities | | | | | |
| Conta and d Perso fingen Wipin | | ts, rodents, and animals not present amination prevented during food preparation, storage lisplay | | | | | | Hot and cold water available; adequate pressure | | | | sure | | + |
| | | | | | | | | | Plumbing installed; proper backflow devices | | | | | \downarrow |
| | | nal cleanliness: clean outer clothing, hair restraint, nails and jewelry | | | | | | | Sewage | and wastew | vater properly disposed | | | |
| | | ng cloths: properly used and stored | | | | | | | Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained | | | | _ | |
| | Fruits | and vegetables washed before use | | | | | | | | | stalled, maintained, and o | | | + |
| orcon in O | arge /T | itle: | | | | | - | | | Da | | | | |
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TIME IN TIME OUT

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| | |

| ESTABLISHMENT NAME | ADDRESS | | CITY /ZIP | | | |
|---|--|--|-----------------------------------|------------|--------------|--|
| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ | LOCATION | TEMP. ii | n ° F | |
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| | | | | | | |
| Code | PRIORITY I | ITEMS | | Correct by | Initial | |
| Reference Priority items contribute directly to the el or injury. These items MUST RECEIVE | imination, prevention or reduction IMMEDIATE ACTION within 72 | n to an acceptable level, hazards a 2 hours or as stated. | associated with foodborne illness | (date) | | |
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| Code | CORE ITE | EMS | ral maintenance as conitation | Correct by | Initial | |
| Reference Core items relate to general sanitation, o standard operating procedures (SSOPs) |). These items are to be correct | cted by the next regular inspection | on or as stated. | (date) | | |
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| | EDUCATION PROV | IDED OR COMMENTS | | | L | |
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| | 4 | | L _ | | | |
| Person in Charge /Title: | Luis T | Terek | Date: | | | |
| | | | | | | |
| Vispector / Ad | Telephone No | D. EPHS No. | Follow-up: Follow-up Date: | Yes | No | |