

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 INSPE WITH ANY TIME LIMITS ESTABLISHMENT I | FOR CORRE | | | | | | | | | GULATORY AUTHORITY. FA DD OPERATIONS. PERSON IN CHARG | | COMPLY | Y |
|--|------------------------------------|--|----------------------|----------------|--------|-------------|--|----------------------------|------------------|---|--------------------|----------|-------------|
| ADDRESS: | | | | | | | | | | COUNTY: | | | |
| CITY/ZIP: | | | PHONE: | | | FAX | | | | P.H. PRIORITY : | Н | М | L |
| ESTABLISHMENT TYPE BAKERY RESTAURANT | C. STOR | | | DELI SUMMER | : F.P. | | GROCE AVERN | RY STORE | | INSTITUTION TEMP.FOOD | MOBILE VE | ENDORS | 3 |
| PURPOSE Pre-opening | Routine | Follow-up | Complaint | Ot | ther | | | | | | | | |
| | approved | SEWAGE DISPO PUBLIC | SAL PRIV <i>i</i> | ATE | | _ | UPPLY (UNIT) | Y I | _ | COMMUNITY Sampled | PRIVATE Results | | |
| License No | | | RISK I | FACTOR | S AND | INTE | RVENT | TIONS | | | | | |
| | | | | | | | | | ase Co | ontrol and Prevention as contri | buting facto | rs in | |
| foodborne illness outbr Compliance | - | ealth interventions and communication of Eno | | asures to p | | | ne illnes mpliance | | | Potentially Hazardous Foo | de | COS | S R |
| IN OUT | Person in ch | arge present, demons | | | | | | | Prope | r cooking, time and temperatur | | - | , |
| | and performs | s duties Employee Healt | h | | | | | | Prope | r reheating procedures for hot | holding | | - |
| IN OUT | | t awareness; policy p | resent | | | IN (| 1 TUC | N/O N/A | Prope | r cooling time and temperature | | | |
| IN OUT | Proper use o | of reporting, restriction Good Hygienic Prac | | | | IN (| <u>1 TUC</u> TUO | | | r hot holding temperatures | | | |
| IN OUT N/O | | g, tasting, drinking or | | | | IN (| 1 TUC | | | r date marking and disposition | | | |
| IN OUT N/O | | e from eyes, nose and | | | | IN (| 1 TUC | | record | | edures / | | |
| | | venting Contamination and properly washed | | | | | | | Consi | Consumer Advisory umer advisory provided for raw | or | | |
| IN OUT N/O | | | | | | IN | OUT | IN/A I | undercooked food | | | _ | |
| IN OUT N/O | approved alt | d contact with ready-t ernate method proper | ly followed | | | | | | | Highly Susceptible Populati | | | |
| IN OUT | Adequate ha accessible | ndwashing facilities s | upplied & | | | IN (| 1 TUO | | Paste offere | urized foods used, prohibited f | oods not | | |
| | | Approved Source | | | | | | | | Chemical | | | |
| IN OUT N/O N/A | | ed from approved sou ed at proper temperati | | | | IN II | OUT | | | additives: approved and prope substances properly identified | | | |
| | Food in good | condition safe and i | ınadıılterated | | | 11 | N | 001 | used | onformance with Approved Pro | redures | _ | |
| IN OUT N/O N/A Required records available: shellstock tags, parasite destruction | | site | | IN | OUT | | Compliance with approved Specialized Process | | | | | | |
| | | rotection from Contar | nination | | | | | - | | | | • | |
| IN OUT N/A | | ted and protected | | | | | letter to ection. | the left of | each it | em indicates that item's status | at the time | of the | |
| IN OUT N/A | | t surfaces cleaned & | | | | | | compliance t applicable | | OUT = not in complia N/O = not observed | nce | | |
| IN OUT N/O | | d, and unsafe food | viously convou | , | | | 1050 | | | | | | |
| | Good Retail P | ractices are preventa | tive measures | GOOD F | | | | ogens, chei | micals | , and physical objects into food | ls. | | |
| IN OUT | Sa | afe Food and Water | | COS | R | IN | OUT | | | Proper Use of Utensils | | COS | R |
| | | ed where required approved source | | | | | | | | properly stored nent and linens: properly store | d, dried, | | |
| | | Temperature Contro | | | | | | | | le-service articles: properly sto | red, used | | |
| | uate equipment oved thawing m | t for temperature cont ethods used | rol | | | | | Gloves us | | operly sils, Equipment and Vending | | | |
| | | ded and accurate | | | | | | | nonfo | od-contact surfaces cleanable | , properly | | |
| | F | Food Identification | | | | | | | hing fa | ructed, and used acilities: installed, maintained, u | used; test | | |
| Food | | d; original container | | | | | | | | t surfaces clean | | | |
| Incor | | on of Food Contaminated animals not present | ation | | | - | | Hot and o | old wa | Physical Facilities ater available; adequate pressu | ıro | | |
| | | ented during food prep | paration, storag | je | | | | | | ed; proper backflow devices | iie . | | |
| Perso | | : clean outer clothing | , hair restraint, | | | 1 | | Sewage a | and wa | astewater properly disposed | | | |
| | nails and jewel g cloths: prope | rly used and stored | | | | | | Toilet faci | lities: | properly constructed, supplied, | cleaned | | |
| | | s washed before use | | | • | | | Garbage/ | refuse | properly disposed; facilities m | aintained | | |
| Person in Charge /1 | ītle: | | • | ا ا | ζ. | <u>'</u> /\ | | • 1 | acılıtıe | es installed, maintained, and clear Date: | ean | <u> </u> | |
| Jacobsky 1 | | - 11 | | \W\ | Why. | <u> </u> | an | <u>タ</u> 人 | | Follow up: | Vaa | | la. |
| MO 580-1814 (9-13) | h K | 1h | DISTRIBUTION: W | elephone | | _ | | CANARY - FILE | | Follow-up: Follow-up Date: | Yes | IN | lo 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 |
|---------|----|----------|
| DAGE | of | |

| ESTABLISHMEN | IT NAME | ADDRESS | CI | TY/ZIP | | |
|-----------------------|--|--|--|---|-------------------|---------|
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LC | CATION | TEMP. in ° F | |
| | | I LIVII . III I | | | 1 E WII . II | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Code | | PRIORITY | ITEMS | | Correct by | Initial |
| Reference | Priority items contribute directly to the or injury. These items MUST RECEIV | elimination, prevention or reduction of reduction in the contraction in the contract of the co | on to an acceptable level, hazards asso 2 hours or as stated. | ciated with foodborne illness | (date) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Code Reference | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI , operational controls, facilities or sels). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI , operational controls, facilities or s s). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection o | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE IT: , operational controls, facilities or sels). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI , operational controls, facilities or s). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or sets). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection o | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or set. 2s). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection o | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI , operational controls, facilities or es.). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or sets. These items are to be corrected to the | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or set. | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or sets). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or set). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or set). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or sets. These items are to be corrected to the | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | CORE ITI, operational controls, facilities or set). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | , operational controls, facilities or s's). These items are to be correct | structures, equipment design, general cted by the next regular inspection of | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| | Core items relate to general sanitation standard operating procedures (SSOP | , operational controls, facilities or s's). These items are to be correct | EMS structures, equipment design, general cted by the next regular inspection of the structure of the struct | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| Reference | | EDUCATION PROV | Structures, equipment design, general cted by the next regular inspection of the structure | | Correct by (date) | Initial |
| | | EDUCATION PROV | Structures, equipment design, general cted by the next regular inspection of the structure | maintenance or sanitation or as stated. | Correct by (date) | Initial |
| Reference | | EDUCATION PROV | Alder of the comment | | Correct by (date) | Initial |