

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

| TIME IN |   |    | TIME OUT |  |  |  |  |
|---------|---|----|----------|--|--|--|--|
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| WITH ANY TIME  | LIMITS  | FOR CORRE   | CH SHORTER PERI<br>CTIONS SPECIFIED            | IN THIS NOTICE     | MAY BE<br>MAY RE | SPEC     | IFIED I   | N WRIT   | TING BY T<br>ON OF YOU   | HE RE  |  | COMPL  | Υ  |
|--|---|---|--|--------------------|------------------|----------|---|--|--|--|--|--|--|
|  |   |   | OWNER:   | WNER:              |                  |          |   |  | PERSON IN CHARGE:  |  |  |  |  |
| ADDRESS:   |   |   |  |                    |                  |          |   |  |  |  | COUNTY:  |  |  |
| CITY/ZIP:  | Y/ZIP: PHONE:   |   |  | PHONE:             | FAX:             |          |   |  |  |  | P.H. PRIORITY: H   | М  | L  |
| ESTABLISHMEN BAKERY  | T TYPE  | C. STOR   | E CATERER                                      | D                  | ELI              |          | (   | ROCE   | RY STOR  | F  | INSTITUTION MOBILE V   | ENDOR!   | S  |
| RESTAU   | RANT  | SCHOO   |  |                    | JMMER I          | F.P.     |   | AVERN  |  |  | TEMP.FOOD  |  |  |
| PURPOSE<br>Pre-openi   | ing   | Routine   | Follow-up                                      | Complaint          | Oth              | ner      |   |  |  |  |  |  |  |
| FROZEN DE  |   | approved  | SEWAGE DISPO                                   | SAL<br>PRIVAT      | Е                |          |   | UPPL)  |  | NON  | -COMMUNITY PRIVATE   |  |  |
| License No   |   |   |  |                    |                  |          |   |  |  | Date   | e Sampled Results  |  |  |
|  |   |   |  | RISK FA            | CTORS            | AND      | INTE  | RVEN   | TIONS  |  |  |  |  |
|  |   |   | ctices and employee ealth interventions        |                    |                  |          |   |  |  |  | Control and Prevention as contributing factor                | rs in  |  |
| Compliance   | SS OULDIE   |   | Demonstration of Kno                           |                    | COS              |          |   | mpliance   |  |  | Potentially Hazardous Foods                                  | COS  | S R  |
| IN C   | IN OUT Person in charge present, demonstrates know                                  |   |  | -                  | Э,               |          | IN (  | OUT N  | N/O N/A  | Prope  | er cooking, time and temperature                             | _  |  |
|  |   | and performs  | Employee Healt                                 | h                  |                  |          |   |  | N/O N/A  | Prone  | er reheating procedures for hot holding                      | _  |  |
| IN C   | DUT   | Management  | awareness; policy p                            |                    |                  |          |   |  | N/O N/A  |  | er cooling time and temperatures                             | +  |  |
| IN C   | UT  | Proper use o  | f reporting, restriction                       |                    |                  |          |   |  | N/O N/A  | A Proper hot holding temperatures  |  |  |  |
| IN OUT   | N/O   | Proper eating   | Good Hygienic Prac<br>g, tasting, drinking or  |                    |                  |          | IN (  | <u> TUO</u><br>1 TUC   | Γ N/A<br>N/O N/A   |  | er cold holding temperatures er date marking and disposition | +  |  |
|  | N/O   |   | from eyes, nose and                            |                    |                  |          |   |  | N/O N/A  |  | as a public health control (procedures /                     | +  |  |
| IN OUT   | N/O   |   |  |                    |                  |          | IIN (   | JU1 1  | N/O N/A  | recor  |  |  |  |
| IN OUT   | N/O   |   | enting Contamination<br>and properly washed    |                    |                  | -        | INI   | 0117   | F N/A  | Cons   | Consumer Advisory sumer advisory provided for raw or         |  | -  |
| IN OUT   |   | No bare hand contact with ready-to-eat foods or   |  |                    |                  |          | IN  | OUT  | I N/A  | N/A undercooked food Highly Susceptible Populations                                  |  |  |  |
| IN OUT   | N/O   | approved alte   | ernate method proper<br>ndwashing facilities s | ly followed        |                  |          |   |  |  | Pacto  | eurized foods used, prohibited foods not                     |  |  |
| IN C   | DUT   | accessible  |  |                    |                  |          | IN (  | OUT I  | N/O N/A  | offere   | ed   |  |  |
| IN O   | UT  | Food obtaine  | Approved Sourced from approved sou             |                    |                  | -        | IN  | OUT  | Γ N/A  | Food   | Chemical  I additives: approved and properly used            | _  | -  |
|  | N/A   |   | d at proper temperati                          |                    |                  |          | 11  |  | OUT Toxic substances properly identified, stored and                 |  |  |  |  |
|  |   | Food in good  | Laanditian aafa and                            | una di iltarata d  |                  |          | - "   | <u> </u>   | 001  | used   |  |  |  |
| IN OUT N/O N/A Required records available: shellstock tags, parasite |   |   | е  |                    | IN               | OUT      | Conformance with Approved Procedures  Compliance with approved Specialized Process and HACCP plan |  |  |  |  |  |  |
|  |   | destruction P   | rotection from Contar                          | nination           |                  |          | 1   |  |  | and F  | HACCP plan   |  |  |
| IN OUT   | N/A   | Food separat  | ted and protected                              |                    |                  |          | The   | letter to  | the left of  | each i   | item indicates that item's status at the time                | of the   |  |
| IN OUT   | N/A   | Food-contact surfaces cleaned & sanitized   |  |                    |                  |          | inspection.  IN = in compliance  OUT = not in compliance  |  |  |  |  |  |  |
| IN OUT   | N/O   | Proper disposition of returned proviously served  |  |                    |                  |          | N/A = not applicable N/O = not observed   |  |  |  |  |  |  |
|  |   |   |  |                    | GOOD RE          |          |   |  |  |  |  |  |  |
| IN OUT   |   |   |  | tive measures to   | control th       | e introd | duction   | of path  | nogens, che  | emicals  | s, and physical objects into foods.                          | cos  | R  |
| 110 001  | Paster  | Safe Food and Water eurized eggs used where required  |  |                    | 003              | K        |   | 001  | In-use u   | Proper Use of Utensils utensils: properly stored                                     |  | 003  | K  |
|  |   |   | pproved source                                 |                    |                  |          |   |  |  |  | ment and linens: properly stored, dried,                     |  |  |
|  |   |   | Temperature Contro                             |                    |                  |          |   |  |  |  | gle-service articles: properly stored, used                  |  |  |
|  |   | iate equipment<br>ved thawing m   | for temperature cont                           | rol                |                  |          |   |  | Gloves u   |  |  |  |  |
|  |   |   | ded and accurate                               |                    |                  |          | 1   |  | Food an  | Utensils, Equipment and Vending pod and nonfood-contact surfaces cleanable, properly |  |  |  |
|  | _   | ·   |  |                    |                  |          |   |  | designed   | designed, constructed, and used  |  |  |  |
|  |   | Food Identification   |  |                    |                  |          |   |  | Warewashing facilities: installed, maintained, used; tes strips used |  |  |  |  |
|  | Food  | ood properly labeled; original container  |  |                    |                  |          |   |  | Nonfood  | nfood-contact surfaces clean   |  |  |  |
|  | Insect  | Prevention of Food Contamination  |  |                    |                  |          |   |  | Hot and  | cold w   | Physical Facilities rater available; adequate pressure       | <del></del>                                      |  |
|  |   | nsects, rodents, and animals not present Contamination prevented during food preparation, storage |  |                    | 1                |          | 1   |  |  |  | lled; proper backflow devices                                | <del>                                     </del> |  |
|  | and di  | and display   |  |                    |                  |          | 1   |  | ,  |  |  |  |  |
|  | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |   |  |                    |                  |          |   | Sewage   | Sewage and wastewater properly disposed                              |  |  |  |  |
|  | Wiping cloths: properly used and stored   |   |  |                    |                  |          |   |  |  | Toilet facilities: properly constructed, supplied, cleaned                           |  |  |  |
|  | Fruits and vegetables washed before use   |   |  | 1                  |                  | 1        |   | Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean |  |  | $\vdash$   | 1  |  |
| Person in Ch   | arge /T   | ïtle:   |  |                    | <del></del>      |          | <u> </u>  |  | i nysical  | iaviiill   | Date:  |  | <u>1                                    </u> |
|  |   | , ,   |  |                    | _                |          |   |  | ···································                                  |  |  |  |  |
| Inspector.   | e ph  |   |  | _ Tele             | phone N          | NO.      |   |  | EPHS No  | Ο.   | Follow-up: Yes Follow-up Date:                               | N  | 10   |
| MO 580-1814 (9-13)   |   |   |  | DISTRIBUTION: WHIT | TE – 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



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| ESTABLISHMENT NAME                      |  | ADDRESS   |   | CITY/ZIP  |                   |         |
|---|--|---|---|---|-------------------|---------|
| FOOD PRODUCT/LOCATION                   |  | TEMP. in ° F  | FOOD PRODUCT/   | LOCATION  | TEMP. in ° F      |         |
|   |  |   |   |   |                   |         |
|   |  |   |   |   |                   |         |
|   |  |   |   |   |                   |         |
|   |  |   |   |   |                   |         |
| Code<br>Reference                       | Priority items contribute directly to the or injury. These items MUST RECEIV | PRIORITY I<br>elimination, prevention or reduction<br>/E IMMEDIATE ACTION within 72       | TEMS  n to an acceptable level, hazards a hours or as stated. | associated with foodborne illness               | Correct by (date) | Initial |
|   |  |   |   |   |                   |         |
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|   |  |   |   |   |                   |         |
| 0.1                                     |  | OODE ITS  | -110  |   | 0 11              | 1.92.1  |
| Code<br>Reference                       | Core items relate to general sanitation standard operating procedures (SSOF  | CORE ITE<br>n, operational controls, facilities or s<br>Ps). These items are to be correc | tructures, equipment design, gene                             | eral maintenance or sanitation on or as stated. | Correct by (date) | Initial |
|   |  |   |   |   |                   | نیا کر  |
|   |  |   |   |   |                   | A H     |
|   |  |   |   |   |                   | 71.71   |
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|   |  |   |   |   |                   |         |
|   | •  | EDUCATION PROV  | DED OR COMMENTS   |   |                   |         |
|   |  |   |   |   |                   |         |
| Person in Ch                            | narge /Title:  |   |   | Date:   |                   |         |
| (nepholor)                              | i AAA  | Telephone No  |   | Follow-up:                                      | Yes               | No      |
| Jan | John V PV/ 2   | i eleptione No  | . [111010.  | Follow-up Date:                                 | 103               | NU      |