

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

TIME	IN	ı		TIME OUT
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NEXT ROUTINE INSPE WITH ANY TIME LIMITS	CTION, OR SU S FOR CORRE	ICH SHORTER PERI CTIONS SPECIFIED	OD OF TIM IN THIS NO	IE AS MA OTICE MA	Y BE SPE AY RESU	ECIFIE LT IN	ED IN CESS	WRIT ATIO	'ING BY TI N OF YOL	HE RE	GULATORY AUTHORITY. DD OPERATIONS.	FAILURE TO	COMP	PLY	
ESTABLISHMENT NAME: OWN			OWNER							PERSON IN CHARGE:					
ADDRESS:									COUNTY:						
CITY/ZIP: PHON				ONE:			FAX:				P.H. PRIORITY	: Н	М	L	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER					DELL			OCE	RY STORE		INSTITUTION	MOBILE '	/ENDO	DC	
BAKERY RESTAURANT	SCHOO			DELI SUMN	ИER F.P.			/ERN		=	TEMP.FOOD	WOBILE	VENDO	KS	
PURPOSE Pre-opening	Routine	Follow-up	Compla	aint	Other										
FROZEN DESSERT		SEWAGE DISPO				ATER	R SUF	DDI V	,						
	sapproved	PUBLIC	-	IVATE	VV		MMU				COMMUNITY Sampled	PRIVATI Results			
License No			DIO	W. EA OT	000.41	ID IV:	TED	/E N I T	10110	Date		Trocure			
Did fortune ()				K FACT											
foodborne illness outbr											ontrol and Prevention as co	ontributing fac	ors in		
Compliance	_	Demonstration of Know			cos		Comp		<u> </u>		Potentially Hazardous	Potentially Hazardous Foods			R
IN OUT	Person in charge present, demonstrates know					l II	IN OUT N/O N/A Proper co				er cooking, time and temper	cooking, time and temperature			
	and performs	s duties Employee Healt	h				N OUT N/O N/A Proper reheating procedures for hot holding					hot holding			
IN OUT	Management	t awareness; policy pr					N OUT N/O N/A Proper reneating procedures for not noiding N OUT N/O N/A Proper cooling time and temperatures								
IN OUT		f reporting, restriction		ion			IN OUT N/O N/A Proper tooling time and temperatures								_
		Good Hygienic Prac					IN OUT N/A Proper c				cold holding temperatures				
IN OUT N/O		g, tasting, drinking or to from eyes, nose and		Э		- 11					er date marking and disposi as a public health control (
IN OUT N/O	ino discriarge	e nom eyes, nose and	inoutri			II	N OL	JT N	I/O N/A	record					l
		enting Contamination									Consumer Adviso				
IN OUT N/O	Hands clean	and properly washed	I								umer advisory provided for cooked food			l	
IN OUT N/O	OUT N/O No bare hand contact with ready-to-eat foods or							Highly Susceptible Population			ulations				
IN OUT	OUT Adequate handwashing facilities supplied &					—						ized foods used, prohibited foods not			
	accessible Approved Source						offered			offere	Chemical				
IN OUT	Food obtaine	ed from approved sou					IN OUT N/A Food additives: approved and pro			operly used					
IN OUT N/O N/A Food received at proper temperature							IN		OUT Toxic substances properly identified, stored an				ıd		
IN OUT	Food in good	I condition, safe and u	unadulterate	ed		-				used C	onformance with Approved	Procedures			
IN OUT N/O N/A Required records available: shellstock tags, paras							IN	OUT	N/A	Comp	liance with approved Spec		s		
	destruction	rotection from Contan	mination							and F	IACCP plan				
IN OUT N/A		ted and protected	Illiadon			- -	The let	tter to	the left of	each it	tem indicates that item's sta	atus at the tim	e of the		
	1 11/15						inspection.						0 01 11.0		
IN OUT N/O	N/O Proper disposition of returned, previously served,						IN = in compliance N/A = not applicable OUT = not in compliance N/O = not observed								
117 001 1170	reconditioned	d, and unsafe food		GOC	DD RETA	II DD/	ACTIC	EC							_
	Good Retail P	ractices are preventat	tive measur						ogens, che	micals	, and physical objects into	foods.			
IN OUT		afe Food and Water			OS F			DUT	- 9		Proper Use of Utensils		COS	R	:
		ed where required									properly stored				
Wate	r and ice from a	pproved source								equipr	nent and linens: properly s	tored, dried,			
	Food	I Temperature Contro	ol .			+	+		handled Single-us	se/sina	le-service articles: properly	stored used	1	+	
Adeq		for temperature cont					Single-use/single-service articles: properly stored, used Gloves used properly						1		
Appro	oved thawing m	ethods used					Utensils, Equipment and Vending								
Thern	mometers provid	ded and accurate						Food and nonfood-contact surfaces cleanable, properly							
Food Identification									Warewas	signed, constructed, and used arewashing facilities: installed, maintained, used; test					
Food properly labeled; original container						_			Strips use		et surfaces clean				
1 000	Food properly labeled; original container Prevention of Food Contamination								Noniood	Physical Facilities					_
Insects, rodents, and animals not present									Hot and cold water available; adequate pressure						
Contamination prevented during food preparation, storage and display				_					Plumbing installed; proper backflow devices						
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				int,	[[[Sewage	wage and wastewater properly disposed					
Wiping cloths: properly used and stored							-			Foilet facilities: properly constructed, supplied, cleaned					_
Fruits and vegetables washed before use						-	-			arbage/refuse properly disposed; facilities maintained hysical facilities installed, maintained, and clean					
Person in Charge /	Γitle:			<u> </u>	1				iyoidai		Date:	_ 0.0411		1	_
Kspactoft /	/ /	1	ı	Telepho	nne No				EPHS No	,	Follow-up:	Yes		No	
Med	ull		<u></u>	reichil	one INU.				_1 110 INC	,.	Follow-up Date:	1 53		140	

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 ADDR		ADDRESS			CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	F	OOD PRODUCT/	LOCAT	ION	TEMP. in ° F	
Code	[PRIORITY I	TEMS				Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECEIVE	elimination, prevention or reduction E IMMEDIATE ACTION within 72	n to an accepta hours or as s	able level, hazards as stated.	ssociated	d with foodborne illness	(date)	IIIIIai
Code		CORE ITE	:MS				Correct by	Initial
Reference	Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facilities or s	tructures, equi	ipment design, genei xt regular inspectio	al mainten on or	enance or sanitation stated.	(date)	mittai
		-						
		EDUCATION PROVI	DED OR CC	DMMENTS				
Person in Ch	parge /Title:					Date:		
inspector:	light the	Telephone No		EPHS No.		Follow-up: Follow-up Date:	Yes	No