

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 WITH ANY TIME ESTABLISHI	LIMITS	FOR CORRE	ICH SHORTER PERI CTIONS SPECIFIED	IN THIS NOTE OWNER:	CE MA	Y RES	ULT I	IN CES	N WRI SSATIC	N OF YOU	HE RE	OD OPERAT	TAUTHORIT TIONS. RSON IN C			COMP	LY	
ADDRESS:												CO	UNTY:					
				BUONE			- 1	E A Y /				- 00						
CITY/ZIP: PHONE:						FAX:			P.H	. PRIORIT	Y :	Н	M	L				
ESTABLISHMENT TYPE BAKERY C. STORE CATERER D					DELI			(ROCE	RY STOR	F	INSTITU	ITION		/OBILE \	/ENDO	RS	
RESTAU		SCHOO			SUMM	IER F.I	Ρ.		AVERN			TEMP.F			//ODILL	7 EINDOI	110	
PURPOSE Pre-open	ing	Routine	Follow-up	Complaint		Other	r											
FROZEN DE	SSERT	•	SEWAGE DISPO	DSAL		١	NAT	ER S	UPPL\	Y								
Approved	Dis	approved	PUBLIC	PRIVA	ATE		C	COMN	1UNIT	Y		I-COMMUN e Sampled			RIVATI Results			
License No				RISK	FACTO	ORS A	AND	INTE	RVEN ⁻	TIONS								
Risk factors a	re food p	reparation pra	ctices and employee	-							ease C	Control and P	revention as	contrib	uting fact	ors in		
	ss outbre		ealth interventions		asures t						<u>'. </u>	5					00 1	_
Compliance	OUT		Demonstration of Kno arge present, demons		dae.	cos	R		Compliance IN OUT N/O N/A			Potentially Hazardous Foods Proper cooking, time and temperature					os	R
IN (JU I	and performs	duties															
IN C	DUT	Management	Employee Healt tawareness; policy p							N/O N/A					+			
	DUT		f reporting, restriction	and exclusion				IN (TUC	N/O N/A	N/A Proper hot holding temperatures							
IN OUT	N/O	Proper eating	Good Hygienic Prac g, tasting, drinking or					IN (TUO I TUC	N/O N/A					+			
IN OUT	N/O		e from eyes, nose and							Time as a public health control (procedures /								
		Prev	venting Contamination	n by Hands							recor		nsumer Advi	sorv				
IN OUT N/O Hands clean and properly washed								IN	OUT	Consumer advisory provided for raw or			or					
IN OUT	No hare hand contact with ready to get feeds or										unde		usceptible Po	opulatio	ns			
IN OUT N/O approved alternate method properly followed Adequate handwashing facilities supplied &										Pasteurized foods used, prohibited foods not			odo not					
accessible								IN (offered			ous not						
Approved Source IN OUT Food obtained from approved source								IN	OUT	Chemical N/A Food additives: approved and properly used			_					
IN OUT N/O N/A Food received at proper temperature								11			OUT Toxic substances properly identified, stored and			ıd				
IN OUT Food in good condition, safe and unadulterated										used Conformance with Approved Procedures			_					
IN OUT N/O N/A Required records available: shellstock tags, parasit					site			IN	OUT	Γ Ν/Α	Compliance with approved Specialized Process			s				
		destruction P	rotection from Contar	mination							and r	HACCP plan					l.	_
IN OUT	N/A	Food separa	ted and protected							o the left of	f each i	item indicate	s that item's	status a	at the tim	e of the		
IN OUT	N/A	Food-contact	t surfaces cleaned &	sanitized				inspection. IN = in compliance N/A = not applicable OUT = not in compliance N/O = not observed										
IN OUT	N/O		sition of returned, pred, and unsafe food	eviously served	,													
		reconditioned	u, and unsale lood		GOO	D RET	AIL F	PRACT	ICES									
			ractices are preventa	tive measures						ogens, ch	emicals				S.			
IN OUT	Pacto		afe Food and Water		C	os	R	IN	OUT	In uso u	toncile:	Proper Use properly sto	of Utensils			cos	R	
		eurized eggs used where required er and ice from approved source										ment and lin		/ stored	, dried,			
		Food	I Temperature Contro	N						handled Single-u		gle-service a	ticles: prope	rly etor	hagu ha			
	Adequ		for temperature conf							Gloves			iicies. prope	ily Store	a, useu	+	+	_
		ved thawing m										nsils, Equipn						
	Therm	ometers provid	ded and accurate									ood-contact : structed, and		anable,	properly			
		Food Identification Food properly labeled; original container								Warewa	Warewashing facilities: installed, maintained, used; test strips used Nonfood-contact surfaces clean							
	Food																	
	Insect	Prevention of Food Contamination ts, rodents, and animals not present								Hot and	Physical Facilities of and cold water available; adequate pressure			+				
		mination preve	ge						lumbing installed; proper backflow devices									
	Perso	nal cleanliness nails and jewel						Sewage	and wa	astewater pr	operly dispos	sed						
Wiping cloths: properly used and stored Fruits and vegetables washed before use							_					properly cor						_
	Fruits	and vegetable	s washed before use				/\					e properly dis es installed,				+	+	
Person in Ch	arge /T	ïtle:	6		3 6	X	1			,		Date:						_
01	,			٧٧	<u>~</u>	<u>-X</u>	<i>ب</i> ر		\prec		_	1						
Inspector:		. 11		Te	elepho	ne No).		Ψ	EPHS N	0.	Follow-up		Y	es		No	
MO-380-1814 (9-13)	<u> </u>	<u> </u>		DISTRIBUTION: V	VHITE – O	WNER'S	COPY			CANARY - FI	LE COPY		Date.				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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TIME IN		TIME OUT
DAGE	of	

ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIP		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/	LOCATION	TEMP. ir	۱° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEIV	PRIORITY I elimination, prevention or reductio /E IMMEDIATE ACTION within 72	TEMS n to an acceptable level, hazards a hours or as stated.	ssociated with foodborne illness	Correct by (date)	Initial
	, ,				•	0
Code		CORE ITI	EMS		Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	i, operational controls, facilities or s cs). These items are to be correc	structures, equipment design, gene cted by the next regular inspection	ral maintenance or sanitation on or as stated.	(date)	SP
		EDITION DROV	IDED OR COMMENTS			
		LDUCATION PROV	IDED OF COMMENTS			
Person in Ch	narge /Title:	lin.		Date:		
Inspector:	Che Phil	Telephone No	ePHS No.	Follow-up: Follow-up Date:	Yes	No