



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

TIME IN	TIME OUT
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BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME:		OWNER:		PERSON IN CHARGE:	
ADDRESS:				COUNTY:	
CITY/ZIP:		PHONE:	FAX:	P.H. PRIORITY : H M L	
ESTABLISHMENT TYPE	C. STORE	CATERER	DELI	GROCERY STORE	INSTITUTION
BAKERY	SCHOOL	SENIOR CENTER	SUMMER F.P.	TAVERN	TEMP.FOOD
RESTAURANT					MOBILE VENDORS
PURPOSE					
Pre-opening		Routine	Follow-up	Complaint	Other
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY	
Approved Disapproved		PUBLIC PRIVATE		COMMUNITY NON-COMMUNITY	
License No. _____				Date Sampled _____ Results _____	

**RISK FACTORS AND INTERVENTIONS**

**Risk factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge		COS	R	Compliance	Potentially Hazardous Foods		COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties				IN OUT N/O N/A	Proper cooking, time and temperature			
<b>Employee Health</b>									
IN OUT	Management awareness; policy present				IN OUT N/O N/A	Proper reheating procedures for hot holding			
IN OUT	Proper use of reporting, restriction and exclusion				IN OUT N/O N/A	Proper cooling time and temperatures			
<b>Good Hygienic Practices</b>									
IN OUT N/O	Proper eating, tasting, drinking or tobacco use				IN OUT N/O N/A	Proper hot holding temperatures			
IN OUT N/O	No discharge from eyes, nose and mouth				IN OUT N/O N/A	Proper cold holding temperatures			
<b>Preventing Contamination by Hands</b>									
IN OUT N/O	Hands clean and properly washed				IN OUT N/A	Proper date marking and disposition			
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Time as a public health control (procedures / records)			
IN OUT	Adequate handwashing facilities supplied & accessible				IN OUT N/O N/A	Consumer Advisory			
<b>Approved Source</b>									
IN OUT	Food obtained from approved source				IN OUT N/A	Consumer advisory provided for raw or undercooked food			
IN OUT N/O N/A	Food received at proper temperature				IN OUT	Highly Susceptible Populations			
IN OUT	Food in good condition, safe and unadulterated				IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered			
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction					Chemical			
<b>Protection from Contamination</b>									
IN OUT N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance                      OUT = not in compliance N/A = not applicable                      N/O = not observed				
IN OUT N/A	Food-contact surfaces cleaned & sanitized								
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food								

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water		COS	R	IN	OUT	Proper Use of Utensils		COS	R
		Pasteurized eggs used where required						In-use utensils: properly stored			
		Water and ice from approved source						Utensils, equipment and linens: properly stored, dried, handled			
<b>Food Temperature Control</b>											
		Adequate equipment for temperature control						Single-use/single-service articles: properly stored, used			
		Approved thawing methods used						Gloves used properly			
		Thermometers provided and accurate						Utensils, Equipment and Vending			
<b>Food Identification</b>											
		Food properly labeled; original container						Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
<b>Prevention of Food Contamination</b>											
		Insects, rodents, and animals not present						Warewashing facilities: installed, maintained, used; test strips used			
		Contamination prevented during food preparation, storage and display						Nonfood-contact surfaces clean			
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Physical Facilities			
		Wiping cloths: properly used and stored						Hot and cold water available; adequate pressure			
		Fruits and vegetables washed before use						Plumbing installed; proper backflow devices			
								Sewage and wastewater properly disposed			
								Toilet facilities: properly constructed, supplied, cleaned			
								Garbage/refuse properly disposed; facilities maintained			
								Physical facilities installed, maintained, and clean			

Person in Charge /Title:				Date:			
Inspector: <i>Christopher O'Neil</i>				Telephone No.:	EPHS No.:	Follow-up: Yes No	Follow-up Date:



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ESTABLISHMENT NAME	ADDRESS	CITY/ZIP
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>	Correct by (date)	Initial

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title:		Date:
Inspector: <i>[Signature]</i>	Telephone No. <i>[Signature]</i>	Follow-up: Yes No
EPHS No.	Follow-up Date:	