



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					IN OUT N/A	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				
		Food properly labeled; original container							Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				
<b>Food Identification</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 D. [Signature]</i>				Telephone No.	EPHS No.	Follow-up: Yes	No
				Follow-up Date:			



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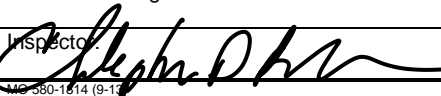
TIME IN	TIME OUT
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ESTABLISHMENT NAME		ADDRESS	CITY/ZIP
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

Code Reference	<b>PRIORITY ITEMS</b> 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
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Code Reference	<b>CORE ITEMS</b> 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
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<b>EDUCATION PROVIDED OR COMMENTS</b>			

Person in Charge /Title:		Date:
Inspector: 	Telephone No.	EPHS No.
Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/>		Follow-up Date: