

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

TIME IN				TIME OUT			
PAG	E	1	of				

			D OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGUL I THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD O OWNER:						OD OPERATIONS.	PERSON IN CHARGE:			
ADDRESS:										COUNTY:			
										0001111			
CITY/ZIP: PHONE:			PHONE:				FAX:			P.H. PRIORITY: H	M	L	
ESTABLISHMENT TYP BAKERY	PE C. STOR	E CATERER	DE	ELI		,	POCE	RY STOR	_	INSTITUTION MOBILE V	/ENDOD		
RESTAURAN				MMER F.	P.		AVERN		E	TEMP.FOOD	ENDOR	.5	
PURPOSE Pre-opening	Routine	Follow-up	Complaint	Othe	r								
FROZEN DESSE	RT Disapproved	SEWAGE DISPO	SAL PRIVATE				JPPLY		NON	-COMMUNITY PRIVATI			
License No.	ызарргочес	PUBLIC	FRIVATE			JOIVIIV	IOINIT	ī		e Sampled Results			
Licerise No.			RISK FAC	CTORS A	AND	INTE	RVENT	TIONS					
										Control and Prevention as contributing fac-	ors in		
foodborne illness ou Compliance		ealth interventions and Demonstration of Known		es to prev	ent fo		ne illnes		<u>.</u>	Potentially Hazardous Foods	CO	S R	
•		arge present, demons	•		11	1			Prope	er cooking, time and temperature	- 00	0 10	
IN OUT	and performs	duties	<b>3</b> ,					N/O N/A		1			
IN OUT	Managaman	Employee Health						N/O N/A		er reheating procedures for hot holding		_	
IN OUT		t awareness; policy pr f reporting, restriction							er cooling time and temperatures er hot holding temperatures	_			
		Good Hygienic Prac	tices			IN	OUT	N/A	Prope	er cold holding temperatures			
IN OUT N		g, tasting, drinking or to from eyes, nose and				IN (	1 TUC	N/O N/A	Proper date marking and disposition  Time as a public health control (procedures /			_	
IN OUT N	O No discharge	e nom eyes, nose and	moun			IN (	1 TUC	N/O N/A	recor				
		renting Contamination								Consumer Advisory			
IN OUT N/O	O Hands clean	and properly washed				IN	OUT	N/A		sumer advisory provided for raw or prooked food			
IN OUT N/		d contact with ready-to-							unac	Highly Susceptible Populations			
IN OUT		ndwashing facilities s				IN (	1 TUC	N/O N/A	Paste	eurized foods used, prohibited foods not			
		Approved Source	е							Chemical			
IN OUT	Faradan as a street	ed from approved soul				IN	OUT	N/A		l additives: approved and properly used	-d		
IN OUT N/O N	/A Food receive	d at proper temperatu	ıre			11	1	OUT	used	substances properly identified, stored ar	a		
IN OUT	Food in good	l condition, safe and υ	ınadulterated						C	Conformance with Approved Procedures			
IN OUT N/O N	/A Required red destruction	ords available: shells	tock tags, parasite			IN	OUT	Γ N/A		pliance with approved Specialized Proces HACCP plan	S		
		rotection from Contan	nination			1							
IN OUT N/		ted and protected					letter to ection.	the left of	each i	item indicates that item's status at the tim	e of the		
IN OUT N/	Food-contac	surfaces cleaned &	sanitized			IN = in compliance OUT = not in compliance							
IN OUT N/		sition of returned, pred, and unsafe food	viously served,			N	/A = no	t applicable	е	N/O = not observed			
				OOD RET									
IN OUT		ractices are preventat afe Food and Water	ive measures to c	COS	Introc R	IN	of path	ogens, cne	emicais	s, and physical objects into foods.  Proper Use of Utensils	COS	R	
		ed where required						In-use u	tensils:	: properly stored	1		
Wa	ater and ice from a	pproved source							equip	ment and linens: properly stored, dried,			
	Food	I Temperature Contro						handled Single-u	se/sinc	gle-service articles: properly stored, used	+		
	equate equipment	for temperature cont						Gloves u	ısed pr	roperly			
	proved thawing m							Foodon	Ute	nsils, Equipment and Vending	-		
Thermometers provided and accurate									d and nonfood-contact surfaces cleanable, properly gned, constructed, and used				
Food Identification									arewashing facilities: installed, maintained, used; test				
Food properly labeled; original container										ct surfaces clean			
Prevention of Food Contamination								I lot on d	بير امامم	Physical Facilities	-		
Insects, rodents, and animals not present  Contamination prevented during food preparation, storage				+		1				rater available; adequate pressure lled; proper backflow devices	+-		
an	d display							i idilibili	9 111314				
		: clean outer clothing,	hair restraint,					Sewage	and w	astewater properly disposed			
tin:	gernails and jewel ping cloths: prope	ry rly used and stored		+		1		Toilet fac	cilities:	properly constructed, supplied, cleaned	+	+	
		s washed before use	_					Garbage	refuse	e properly disposed; facilities maintained			
Damas in Ci	/Title	<i>^\</i> \	<del></del>			<i>I</i>		Physical	facilitie	es installed, maintained, and clean			
Person in Charge	e / litle:	. 42	( , /Im	61	. l	义				Date:			
nspector///	h. D L		Telep	phone No	<b>e /</b> ( ).	<u>بد</u>		EPHS No	ο.	Follow-up: Yes	1	No	
MO-860-1814 (9-13)	W. J.		DISTRIBUTION: WHITE	- OWNER'S	COPY			CANARY – FI	LE COPY	Follow-up 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	Zof	

ESTABLISHMENT NAME		ADDRESS	CITY	CITY/ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOC	ATION	TEMP. in ° F		
Code		PRIORITY IT	TEMS		Correct by	Initial	
Reference	Priority items contribute directly to the or injury. These items MUST RECEI	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazards association hours or as stated.	ated with foodborne illness	(date)		
Code Reference	Core items relate to general sanitatio	CORE ITE n, operational controls, facilities or st Ps). These items are to be correct	MS tructures, equipment design, general ma ted by the next regular inspection or a	nintenance or sanitation	Correct by (date)	Initial	
	J	.,				122	
						ولالا	
		EDUCATION PROVI	DED OR COMMENTS				
		/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Person in C	harge /Title:	V		Date:			
Inspector.	John DAN	Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No	