

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

TIME IN	TIME OUT
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VIEWE DOLUTING INCO	SCATION OR SHOU SHOPTED DEI	SIOD OF TIME AS MA	AY BE SPEC	HHED IN W	RITING BY I	ONS OR FACILITIES WHICH MUST BE CORRE HE REGULATORY AUTHORITY. FAILURE TO LIR FOOD OPERATIONS.	COMPLY		
ESTABLISHMENT	STABLISHMENT NAME: OWNER:					PERSON IN CHARGE:	PERSON IN CHARGE:		
ADDRESS:	SEST ELEMENTAL	COUNTY:							
15	WEST GRANT PHONE: FAX:					577 BARRED	м П		
	XTER 63841 614-1615					P.H. PRIORITY: H	МПГ		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS									
PURPOSE Pre-opening	Routine Follow-up	☐ Complaint ☐	Other						
FROZEN DESSERT Approved Disapproved Not Applicable License No PRIVATE SEWAGE DISPOSAL COMMUNITY NON-COMMUNITY PRIVATE NON-COMMUNITY PRIVATE Results									
		RISK FAC				O I I I I I I I I I I I I I I I I I I I	oro in		
Risk factors are foo	od preparation practices and employe tbreaks. Public health interventions	e behaviors most com are control measures	monly reports to prevent t	ted to the C oodborne il	enters for Dis Iness or injury	ease Control and Prevention as contributing fact			
Compliance	Demonstration of Kr	owledge	COS F	Complia	ance	Proper cooking, time and temperature	COS R		
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,			T N/O N/A				
AN OUT	Management awareness; policy				T N/O N/A	Proper reheating procedures for hot holding Proper cooling time and temperatures			
IN OUT	Proper use of reporting, restriction	on and exclusion		IN OU	T N/O N/A	Proper hot holding temperatures			
(N) OUT N/O	Proper eating, tasting, drinking of			IN OU	N/A N/O N/A	Proper cold holding temperatures Proper date marking and disposition			
IN OUT N/O	No discharge from eyes, nose a	nd mouth			T N/O N/A	Time as a public health control (procedures / records)			
	Preventing Contaminati	on by Hands				Consumer Advisory			
IN OUT N/O	Hands clean and properly washed			IN OU	T (N/A)	Consumer advisory provided for raw or undercooked food			
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Highly Susceptible Populations			
OUT	Adequate handwashing facilities accessible	supplied &		IN OU	T N/O N/A	Pasteurized foods used, prohibited foods not offered			
	Approved Sou				Chemical				
IN OUT N/O N/A	Food obtained from approved source N/O N/A Food received at proper temperature			IN ON.		Food additives: approved and properly used Toxic substances properly identified, stored an			
OUT OUT	Food in good condition, safe and	I unadulterated		-		Conformance with Approved Procedures			
IN OUT N/O N/A				IN OU	T N/A	Compliance with approved Specialized Proces and HACCP plan	5		
	Protection from Cont	emination		The lett	er to the left o	f each item indicates that item's status at the time	e of the		
IN OUT N/A		Food separated and protected			inspection. IN = in compliance OUT = not in compliance				
	N/A Food-contact surfaces cleaned & sanitized O Proper disposition of returned, previously served,			N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item					
IN OUT N/O	reconditioned, and unsafe food					n Site K - Repeat item			
	Cood Potail Practices are preven	tative measures to co	ntrol the intro	PRACTICE duction of	athogens, ch	emicals, and physical objects into foods.			
IN OUT	Safe Food and Water		COS R	IN O	JT I	Proper Use of Utensils	COS R		
	steurized eggs used where required ater and ice from approved source			1/	Utensils	stensils: properly stored s, equipment and linens: properly stored, dried,			
VVa				1	handled				
Add	Food Temperature Con equate equipment for temperature co	ntrol		V		used properly			
Ap	proved thawing methods used			1	Food ar	Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, properly			
The	ermometers provided and accurate			-	designe	ed, constructed, and used ashing facilities: installed, maintained, used; test			
	Food Identification				strips us	sed			
Foo	od properly labeled; original containe	od properly labeled; original container Prevention of Food Contamination		1 1		d-contact surfaces clean Physical Facilities			
Ins	ects, rodents, and animals not present			1	Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices				
and	ontamination prevented during food produced display			r					
Pe	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed			
Wi	Wiping cloths: properly used and stored			V		Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained			
Fru	uits and vegetables washed before us	ie		M	Physica	l facilities installed, maintained, and clean			
Person in Charge /Title: Date:									
Inspector: Telephone No. EPHS No. Follow-up: Yes II No Follow-up Date:									
MO 580-1814 (11-14) DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY E6 37									



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TIME IN	TIME OUT OF
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ESTABLISHMEN'	T NAME	ADDRESS	GRAJI		DENTA	C 3841		
	D PRODUCTI OCATION	TEMP			OOD PRODUCT/ LOCATION		TEMP	
FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION								
MOI	COLD HOLD FRONT 37°							
EALV 1	ACK COLF HOLD 36°							
Duck	The state of the s							
Code Reference	Priority items contribute directly to the elin	nunation prevention or n	ORITY ITEMS eduction to an accept	table level, hazards as	ssociated with foodborne illness	(date)	Initial	
11-1-1	or injury These Items MUST RECEIVE II	MMEDIATE ACTION W	ithin 72 hours or as	Stated.				
4-601	- WIFE DE	SUD CHE	E A MO-	TH W SA.	TITIZER ()	55)	
	87 1	AS NEEDE	4		7.8	2		
				-7 1-7-	- 181.18A15	70		
3-501.	17 TANDE MAR	IN LP & SI SI	PAGETT, 30	LEE NOY	LABRLED/DAT			
	- VOLUNTAR	U KIKBA	41			C05		
	-/186//has	F AU PR	object t	HAT GOE	5 IN CODLER		/	
	- VOLUNTAR - LABEL/DAT A-D	FREEZER						
	700							
Code		CC	ORE ITEMS	11 % % 1		Correct by	Initial	
Reference	Core items relate to general sanitation, op- standard operating procedures (SSOPs)	parational controls facili	lies or structures, equ	uipment design, gener	al maintenance or sanitation n or as stated.	(date)		
	standard operating procedures (SSOFS)	THESE REIDS DE TO DE	concurs by the					
	2	5 15						
	Start + 5 +	2000						
							-	
		FOLICATION	PROVIDED OR C	OMMENTS				
		EDOOMION						
Person in Charge /Title: Date:					7-20			
Tolophone No. EPHS No. Follow-up:				Yes	□ No			
WILLIA	AL A. ISRANIEL	568	3-4570	1582	Follow-up Date:	TEN6 20	E6.37A	
Inspector: Telephone No. EPHS No. Follow-up: Yes No. Follow-up Date:							25	