

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

TIME IN	TIME OUT
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NEVT DOUTING INCOM	CTION OF SHORTER PE	RIOD OF TIME AS	MAY BE	SPECI	FIED II	N WKI	HING BY II	HE KEGUL	CILITIES WHICH MUST BE CORREC ATORY AUTHORITY. FAILURE TO (TED BY COMPLY	THE
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MADE: ESTABLISHMENT NAME: OWNER:				SULT IN CESSATION OF TOUR FOOD				JK FOOD (PERSON IN CHARGE:		
AIRWAY	CITY OF DEXTER					COUNTY;					
ADDRESS: 1 L44 7 BREEZE WAY DR									विश्वविद्युष्ट		
CITY/ZIP:	PHONE: FAX: 6.24-433.7				P.H. PRIORITY: THE MEL						
ESTABLISHMENT TYPE BAKERY RESTAURANT	☐ C. STORE ☐ CATERE	R D E	☐ DELI ☐ GROCER								
PURPOSE Pre-opening	Routine Follow-up	☐ Complaint	☐ Oth								
FROZEN DESSER	T .	SEWAGE DISF	POSAL				PPLY		N COMMUNITY EL PRIVAT	_	
☐Approved ☐Disapp License No	roved 🔯 Not Applicable	PUBLIC PRIVATE			☑ C	OMMU	JNITY		N-COMMUNITY PRIVAT		******
License No.							W10010				
			CTORS						al and Dravention on contributing factor	e in	_
Risk factors are food	preparation practices and employer reaks. Public health intervention	ee behaviors most o	commonly ures to pre	reporte	ed to th odborr	e Cent ie illne:	ers for Dise ss or injury	ease Contr	ol and Prevention as contributing factor	5 111	
Compliance	Demonstration of K	nowledge	COS	R	Cor	npliance	•		Potentially Hazardous Foods	cos	R
N OUT	Person in charge present, demo	onstrates knowledge	Э,		IN	DUT N	I/O N/A	Proper co	oking, time and temperature		
	and performs duties Employee He	alth					I/O N/A		eheating procedures for hot holding		
ON OUT	Management awareness; policy	present					I/O N/A		ooling time and temperatures	-	
(N) OUT	Proper use of reporting, restrict	on and exclusion				TUC	N/A N/A		ot holding temperatures ld holding temperatures		
N OUT N/O	Proper eating, tasting, drinking				(IN)	1 TUC	I/O N/A	Proper da	te marking and disposition		
IN OUT N/O	No discharge from eyes, nose a	and mouth			IN	N TUC	NO WA	Time as a records)	public health control (procedures /		
	Preventing Contamina	ion by Hands							Consumer Advisory		
IN OUT N/O	Hands clean and properly wash				IN (TUC	N/A	Consume	r advisory provided for raw or ked food		
IN OUT N/O	No bare hand contact with read	y-to-eat foods or							Highly Susceptible Populations		
	approved alternate method properly followed			+	IN OUT I		HOWATA	Paetouriz	ed foods used, prohibited foods not		_
(N) OUT	Adequate handwashing facilitie accessible	s supplied &			IIN '	JO1 1	VI ONIA	offered			
	Approved So				(N	OUT	NIA	Food add	itives: approved and properly used	-	-
IN OUT N/O N/A	Food obtained from approved s				CIN		(MIA-)		stances properly identified, stored and	1	
					used			ormanice with Approved Procedures		-	
IN OUT N/O N/A	Food in good condition, safe an Required records available: she	d unadulterated Nistock tags, parasit	te	IN O					ce with approved Specialized Process		
IN OUT WOUND	destruction							and HAC	CP plan		
CAU OUT NIA	Food separated and protected	tamination		-			o the left of	each item	indicates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned	9 capitized		-		ectìon. IN = in	compliano	e	OUT = not in compliance		
OUT N/A				-	N/A = not applicable N/O = not observed						
OUT N/O	Proper disposition of returned, reconditioned, and unsafe food				CO	S = Co	orrected On	Site	R = Repeat Item		
			GOOD RE								
THE COLUMN	Good Retail Practices are preven		control the	e introd	IN	of path	nogens, che	emicais, ar	oper Use of Utensils	cos	R
IN OUT Paste	Safe Food and Wate eurized eggs used where required		000	-	1			tensils: pro	perly stored		
	er and ice from approved source				V		Utensils, handled	equipmen	t and linens: properly stored, dried,		
*	Food Temperature Cor	trol			V			se/single-s	ervice articles: properly stored, used		
	uate equipment for temperature c				V			sed prope	rly		
Appro	oved thawing methods used mometers provided and accurate						Food an	d nonfood-	contact surfaces cleanable, properly		
Inem	mometers provided and accurate				V		designed	d, construc	ted, and used		
	Food Identification				1		Warewa		ties: installed, maintained, used; test		
Food	properly labeled; original containe	ЭГ			V			-contact su	ırfaces clean		
	Prevention of Food Contain	ination			1.0		Hot and	cold water	Physical Facilities available; adequate pressure		
	cts, rodents, and animals not prese amination prevented during food p				-		Plumbin	g installed;	proper backflow devices		
and o	display						Sewage	and waste	water properly disposed		
	onal cleanliness: clean outer cloth rnails and jewelry	ng, nan restraint,			2						
Wipir	ng cloths: properly used and store				V				perly constructed, supplied, cleaned operly disposed; facilities maintained		
Fruits and vegetables washed before use					100	X			stalled, maintained, and clean		
Person in Charge /	Title:							D	ate;		
X ON	A. EKA-LEC	Tol	anhona N	lo			EPHS N) F	ollow-up: Yes	□ N	lo
Inspector:	A . EX-LEC	5	ephone N	157	73		EPHS No	F	ollow-up Date: 7-11-2	2	



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ESTABLISHMENT NAME	ADDRESS		CITY	ZIP / - V	111
A. RIJAY CAFE			DEXTIF		
FOOD PRODUCT/LOCATION	TEMP	FOOD PRODUCT/	LOCATION	TEMP.	
2 DOOR KITCHEN REF	600				
Code	PRI	ORITY ITEMS		Correct by	Initial
Reference Priority Items contribute directly to the elic	mination, prevention or MMEDIATE ACTION v	reduction to an acceptable level, hazards as within 72 hours or as stated.	ssociated with foodborne illness	(date)	
IDOOR KEFR	GERATOR				
-TEMPS	0-60 DE	6REES			
- Food M.	ST CLANS	HALKIN COOL			
REPAR/R	FTLACE	ASA			
(1110 0=	4	
DO NOT US	SE UNTI	mAINTA, NING	4/ 07 BELD	~	
				P	
			ka.		
				+	
	-	ORE IYEMS		Correct by	Initial
Reference Core items relate to general sanitation, o	perational controls, faci	lities or structures, equipment design, gene e corrected by the next regular inspection	al maintenance or sanitation n or as stated.	(date)	
4-501.11 WALLINE	PLEZEE Y	OOF BROKE UTS	EACS.	-)
	15-1-	REFAIRED ST	REPLACED	11-4	
BAD -	NEFDS			1.1-411	
BAD -	NEFDS	8	WADE	7.15.401	
BAD -	TIEM	From LAST 3	YEARS	1.15.4.0	
BAD -	TIEM	From LAST 3	YEARS	1.15.40	
BAD - RETEAT	TIEM	From LAST 3	YEARS	/ 1. 211	
BAD - RETEAT	TIEM	FROM LAST 3	YEARS		
BAD - RETEAT	TIEM	From LAST 3	YEARS		
BAD - RETEAT	THE	From LAST 3	YEARS		
BAD - RETEAT	TIEM	From LAST 3	YEARS		
BAD - RETEAT	THE	FROM LAST 3	YEARS		
BAD - RETEAT	NEFBS	From LAST 3	YEARS		
BAD - **RETEAT	NEFDS	FRAM LAST 3	YEARS		
* RETERT	NEFDS	FROM LAST 3	YEARS		
BAD - RETEAT			YEARS		
BAD - **EFEAT		PROVIDED OR COMMENTS	YEARS		
BAD - **EFEAT			YEARS		+
	EDUCATION		Date:		
Person in Charge /Title:	EDUCATION	PROVIDED OR COMMENTS	Date:	Yes) No
	EDUCATION	PROVIDED OR COMMENTS none No. EPHS No.		Yes	No E6.37A