



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

TIME IN: 9:45 AM    TIME OUT: 10:30 AM  
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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: <b>AIRWAYS CAFE</b>		OWNER: <b>CITY OF DEXTER</b>	PERSON IN CHARGE: <b>TERESA COBB</b>	
ADDRESS: <b>16447 BREEZEWAY DR</b>			COUNTY: <b>STODOLAR</b>	
CITY/ZIP: <b>DEXTER 63841</b>		PHONE: <b>624-4337</b>	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE				
<input type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input type="checkbox"/> GROCERY STORE
<input checked="" type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> TEMP. FOOD	<input type="checkbox"/> TAVERN
<input type="checkbox"/> INSTITUTION	<input type="checkbox"/> MOBILE VENDORS			
PURPOSE				
<input type="checkbox"/> Pre-opening	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other
FROZEN DESSERT		SEWAGE DISPOSAL		WATER SUPPLY
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input checked="" type="checkbox"/> Not Applicable	<input checked="" type="checkbox"/> PUBLIC	<input checked="" type="checkbox"/> COMMUNITY
License No. _____		<input type="checkbox"/> PRIVATE	<input type="checkbox"/> NON-COMMUNITY	<input type="checkbox"/> PRIVATE
		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	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
	Employee Health						
IN	Management awareness; policy present			IN	Proper reheating procedures for hot holding		
IN	Proper use of reporting, restriction and exclusion			IN	Proper cooling time and temperatures		
	Good Hygienic Practices						
IN	Proper eating, tasting, drinking or tobacco use			IN	Proper hot holding temperatures		
IN	No discharge from eyes, nose and mouth			IN	Proper cold holding temperatures		
	Preventing Contamination by Hands						
IN	Hands clean and properly washed			IN	Proper date marking and disposition		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	Time as a public health control (procedures / records)		
IN	Adequate handwashing facilities supplied & accessible				Consumer Advisory		
	Approved Source						
IN	Food obtained from approved source			IN	Consumer advisory provided for raw or undercooked food		
IN	Food received at proper temperature			IN	Highly Susceptible Populations		
IN	Food in good condition, safe and unadulterated			IN	Pasteurized foods used, prohibited foods not offered		
IN	Required records available: shellstock tags, parasite destruction				Chemical		
	Protection from Contamination						
IN	Food separated and protected			IN	Food additives: approved and properly used		
IN	Food-contact surfaces cleaned & sanitized			IN	Toxic substances properly identified, stored and used		
IN	Proper disposition of returned, previously served, reconditioned, and unsafe food				Conformance with Approved Procedures		
				IN	Compliance with approved Specialized Process and HACCP plan		

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  
COS = Corrected On Site    R = Repeat Item

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		
		Food Temperature Control							
✓		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 Identification							
✓		Food properly labeled; original container			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Prevention of Food Contamination							
✓		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: <b>Teresa Cobb</b>			Date: <b>7-9-2020</b>		
Inspector: <b>William A. BRANDEC</b>	Telephone No. <b>562-4593</b>	EPHS No. <b>1582</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Follow-up Date: <b>N/A</b>		



