

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

TIME IN JOAn	TIME OUT 18
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WITH ANY TIME	ELIMIT	S FOR CORRECTIONS SPECIFI	ED IN THIS NOTICE	MAY BE SPE MAY RESUL	T IN CESSAT	ITING BY T ION OF YOU	JR FO		COMPL	.Y
ESTABLISH			OWNER:	14.	-			PERSON IN CHARGE:		
ADDRESS:	110	E COUNTY	SusA	V 111	4 1			COUNTY: JUSTICE TO STORE THE STORE T	-13	
CITY/7IP:	70) DI HWI &	PHONE;		FAX:			P.H. PRIORITY : HILL		
ESTABLISHMEN	IT TYPE		568-			*		- ON		_
☐ BAKERY ☐ RESTAU		C. STORE CATERI		ELI MP. FOOD	GROC TAVER	ERY STOR		☐ INSTITUTION ☐ MOBILE VENDORS		
PURPOSE Pre-open	ing	Routine Follow-up	☐ Complaint	☐ Other						
FROZEN DE Approved License No.	SSER [*] Disapp	T roved Not Applicable	SEWAGE DISPOSE PUBLIC PRIVATE	OSAL	WATER SU COMM	JPPLY IUNITY		NON-COMMUNITY PRIVAT		
					DINTERVEN					
Risk factors at	re food	preparation practices and employer reaks. Public health intervention	ee behaviors most co	mmonly repo	rted to the Cer	nters for Dise	ease Co	ontrol and Prevention as contributing facto	rs in	
Compliance	oo oatoi	Demonstration of K			R Compliance			Potentially Hazardous Foods	СО	SR
OUT Person in charge present, demonstrates knowledg and performs duties		,	INOUT	IN OUT N/O N/A Proper cooking, time and temperature						
AND OUT		Employee He			IN OUT N/O N/A			er reheating procedures for hot holding		
IN OUT		Management awareness; policy Proper use of reporting, restrict			IN OUT			er cooling time and temperatures er hot holding temperatures		
- OOT		Good Hygienic P	ractices		IN OUT	N/A	Prope	er cold holding temperatures		
IN OUT N/O		Proper eating, tasting, drinking			IN OUT		Prope	er date marking and disposition		
IN OUT N/O		No discharge from eyes, nose a			IN OUT	N/O N/A	record			
IN OUT N/O	====	Preventing Contaminal Hands clean and properly wash			IN_OUT	N/A		Consumer Advisory umer advisory provided for raw or		
IN OUT N/O		No bare hand contact with read approved alternate method pro					under	Cooked food Highly Susceptible Populations		
ÎN OUT		Adequate handwashing facilities accessible			IN OUT	N/O N/A	Paste	urized foods used, prohibited foods not		
		Approved Sou						Chemical		
IN OUT N/O	NI/A	Food obtained from approved s Food received at proper temper			IN OUT	N/A		additives: approved and properly used	- b	
	IN/A	Food received at proper temper	ature		IN OUT		used	substances properly identified, stored and		
IN OUT NO	N/A	Food in good condition, safe an Required records available: she destruction			IN OUT	N/A	Comp	onformance with Approved Procedures sliance with approved Specialized Process		
		Protection from Con	tamination		The Letter	4 - 4b - 1 - 6t - 6		ACCP plan		
and the same of th	N/A	Food separated and protected			inspection			tem indicates that item's status at the time	of the	
IN OUT N/O	N/A	Food-contact surfaces cleaned Proper disposition of returned, p			N/A = n	ot applicable	Э	OUT = not in compliance N/O = not observed		
		reconditioned, and unsafe food		COD DETAIL	PRACTICES	orrected On	Site	R = Repeat Item		
		Good Retail Practices are preven				hogens, che	emicals	and physical objects into foods		-
IN OUT		Safe Food and Wate		COS R	IN OUT			Proper Use of Utensils	cos	R
V		urized eggs used where required and ice from approved source						properly stored		
	vvaler	and ice from approved source			V	handled	equipn	nent and linens: properly stored, dried,		
		Food Temperature Con			1	Single-us		le-service articles: properly stored, used		
4		uate equipment for temperature co eved thawing methods used	ontrol		1	Gloves u				
V		nometers provided and accurate				Food and	d nonfo	od-contact surfaces cleanable, properly		
		Food Identification			1			ructed, and used acilities: installed, maintained, used; test		
# X	Food	properly labeled; original containe	r		V	Strips use		t surfaces clean		
		Prevention of Food Contam			1	110111000	GOTILLAG	Physical Facilities		
Insects, rodents, and animals not present				V			iter available; adequate pressure			
X		mination prevented during food prisplay	reparation, storage		V	Plumbing	install	ed; proper backflow devices		
and display Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			0	Sewage	and wa	stewater properly disposed				
Wiping cloths: properly used and stored			V	Toilet fac	ilities: p	properly constructed, supplied, cleaned				
	Fruits	and vegetables washed before us	se		V	Garbage.	/refuse	properly disposed; facilities maintained		
Person in Cha	arge /T	itle: 100 m 10 Mg	HIA			Filysical	raciille	s installed, maintained, and clean Date:		
Inspector:		- garaga	Tolor	hone No		EPHS No		Follow-up: \(\sum_{\cup \cup \cup \cup \cup \cup \cup \cup	P N	lo.
Will	LLIA	m BRANDEL	56	phone No.	93	158-	2	Follow-up: Yes Follow-up Date:		No
MO 580-1814 (11-14)			DISTRIBUTION: WHITE	- OWNER'S COP	Ϋ́	CANARY - FIL	E COPY			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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ESTABLISHMENT NAME BLOSWFIRED CMARY	ADDRESS 405 ST	Hwy 25	Bloom Fike	63825	-
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/		TEMP.	
TEMPS GOOD					
The Otto					
		O DUNG INCIDEN			
Code Reference Priority items contribute directly to the eli	mination, prevention or r	ORITY ITEMS reduction to an acceptable level, hazards a	associated with foodborne illness	Correct by Ini	itial
or injury. These items MUST RECEIVE	IMMEDIATE ACTION W	ools Nov LASE	ICK MASTER		
7301,17 101831. RCC. (IN	chartony 10	Jest Little	CLD) FILLED		
- DATE/LAX	SEC ALL C	CONTAINERS IN CO	OLKR/TREEZE	25	
The state of the s		to the second se	/		
		The same of the sa			
<u> </u>					
Code Reference Core items relate to general sanitation, o		ORE ITEMS ities or structures, equipment design, gene	eral maintenance or sanitation	Correct by Initi	ial
Reference Core items relate to general sanitation, o	perational controls, facili				ial
Reference Core items relate to general sanitation, o standard operating procedures (SSOPs).	perational controls, facili These items are to be	ities or structures, equipment design, gene e corrected by the next regular inspecti	on or as stated.	(date)	ial
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