

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

TIME IN CAM	TIME OUT
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NEXT ROUTINE INSPE WITH ANY TIME LIMITS ESTABLISHMENT I	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PE FOR CORRECTIONS SPECIFI NAME:	ERIOD OF TIME AS N ED IN THIS NOTICE I OWNER:	MAY BE S MAY RES	PECIF OLT II	N CES	N WRIT	TING BY I	HE KE	DD OPER	ATIONS. ERSON IN	CHARG	LUKE TO	TED B	Y THE _Y
ADDRESS: 291 E. RICHARDSON						COUNTY								
DHONE:				FAX:					P.H. PRIORITY: H   M   L				L	
ESTABLISHMENT TYPE    D BAKERY														
PURPOSE	SCHOOL SENIOF		MP. FOOL		<u> </u>	AVERN			☐ MOBII	E VENDOR	70			
☐ Pre-opening FROZEN DESSERT		SEWAGE DISPO		V		R SUI		_				DDN /4.7	_	
□Approved □Disapproved □ Not Applicable License No. □ PRIVATE □ COMMUNITY □ NON-COMMUNITY □ Date Sampled □ Date Sampled □ Disapproved □ Not Applicable						_	PRIVAT Results		and the same					
		RISK FAC												
Risk factors are food p	oreparation practices and employ eaks. Public health intervention	ee behaviors most constant	mmonly re	eported ent foc	d to the	e Cente ne illnes	ers for Dise ss or injury	ease Co	ontrol and	Prevention	as contrib	outing factor	s in	
Compliance	Demonstration of K	inawledge	cos	R	Con	pliance				itially Hazar			CC	S R
IN OUT	Person in charge present, dem and performs duties					OUT N/O N/A Proper cooking, time and temperature								
W OUT	Employee His				IN OUT N/O N/A Proper reheating procedures for hot he N OUT N/O N/A Proper cooling time and temperatures									
IN OUT	Management awareness; policy present IN OUT N/O N/O Proper use of reporting, restriction and exclusion IN OUT N/O N/O			Prope	r hot hold	ing tempera	atures							
	Good Hygienic P	ractices							ding temper				_	
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose									c health cor		edures /		
10001100	Preventing Contamination by Hands  Consumer Advisory													
IN OUT N/O	Hands clean and properly wash				IN C	TUC	N/A Consumer acundercooked		ımer advi	advisory provided for raw or		or		
IN OUT N/O	NOUT N/O No bare hand contact with ready-to-eat foods or							Highly	Susceptible	Population	ons			
OUT	approved alternate method pro Adequate handwashing facilitie accessible				TIO	N TUC	N/O N/A Pasteurized foods offered		ds used, pr	ohibited fo	ods not			
	Approved So	urce			_					Chemic	weer -			
IN OUT	Food obtained from approved s			-	IN C		N/A Food additives: approved and proper Toxic substances properly identified,			-	_			
OUT N/O N/A	N/A Food received at proper temperature IN OUT Toxic substances properly identified, stored and used													
IN OUT			OUT	ATTR			b approved			-				
IN OUT N/O N/A	Required records available: she destruction				IIN C	IN OUT N/A Compliance with approved Specialized Process and HACCP plan								
IN OUT N/A	Protection from Cor		r.	+-1			the left of	each it	em indica	ites that iter	n's status	at the time	of the	
NOUT N/A Food separated and protected  NOUT N/A Food-contact surfaces cleaned & sanitized			inspection.  IN = in compliance  OUT = not in compliance											
IN OUT N/O Proper disposition of returned, previously served,				N/A = not applicable N/O = not observed										
reconditioned, and unsafe food														
			OOD RET						and mbss	alaal ahlaat	into food			
IN OUT	Good Retail Practices are preventional Safe Food and Water		cos	R	IN	OUT	ogens, cne	emicais	Proper L	Ise of Utens	sils	5.	cos	R
Paste	urized eggs used where required				4		In-use ut	tensils:	properly	stored				
Water	and ice from approved source				V		Utensils, handled	equipn	nent and	inens: prop	erly stored	i, dried,		
Food Temperature Control				V			se/singl	le-service	articles: pro	operly stor	ed, used			
Adequ	uate equipment for temperature c	ontrol			1		Gloves u			town throat	Vandina			
Appro	oved thawing methods used one mometers provided and accurate	St PLIF				V	Food and nonfood-contact surfaces cleanable, proper		properly					
K						V	designed, constructed, and used  Warewashing facilities: installed, maintained, used; tes		sed: test					
	Food Identification				V	strips used  Nonfood-contact surfaces clean		seu, test						
Food	properly labeled; original contain				1		Nonfood	-contac		cal Facilities				
Insect	Prevention of Food Contacts, rodents, and animals not present			Hot and cold water available; adequate pressure		re								
Conta and d	Contamination prevented during food preparation, storage and display													
Person finger	Personal cleanliness: clean outer clothing, hair restraint,  figure mails and lewelry													
Wiping cloths: properly used and stored			Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained											
Fruits	and vegetables washed before u	30				×	Physical	facilitie	s installe	d, maintaine	ed, and cle	an		
Person in Charge /T	itle: Eduin	k pen							Date:	11/	2/	21		
Inspector:	A RPAINT	Telep	hone No	97	2		EPHS No	D.	Follow-	up: up Date:	11-09	res		No
MO 630 4944 (44 44)	THE PERMIT	DISTRIBUTION WHITE	- OWNER'S	COPY	_	_	CANARY - FII	LE COPY	I OHOW	ap Date.	V			E6.37



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ESTABLISHMENT NAME	ADDRESS	HADA SA	CITY Park CO	6 3960			
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRO	DUCT/ LOCATION	TEMP.			
PRET TABLE/REFEREN		NOTHERM					
1 11 11 11 11 11 11							
OHERTEUTS 600D							
Code Reference Priority items contribute directly to the eli	PRIC	ORITY ITEMS	azerris associated with foodborns	Correct by Initial			
Reference Priority items contribute directly to the ell or injury. These items MUST RECEIVE	IMMEDIATE ACTION wi	thin 72 hours or as stated.					
	P.						
FOOD TRUCK		ST FOR SEI	Am 5				
1 FI FIL	XSEAL IT	114	1				
(94)							
A DA	JWOOD	VITAL	1-				
A DOVER KA	J WEED		/				
(3VE)	C/SEAL,	/ RETURE COL	IERING TO				
76	m 2017/ N	on tonkers	FASILYCLEA	NABLE			
DE 3	in corrigio	on renter	)				
REPARES!	REPAIR BY 11-09-21						
Code	CC	ORE ITEMS		Sorrect by Initial			
Reference Core items relate to general sanitation, o standard operating procedures (SSOPs)	perational controls, facility.  These items are to be	ies or structures, equipment desi- corrected by the next regular i	gn, general maintenance or sanital inspection or as stated.	ion (date)			
6-501,12A - BATHROOM V				55			
4-204,112 - TREP TABO	E - 1777	HERMOMETE	R	005			
4-204,112 - TREP TABL	E NO I	1 2					
6-501,11- PAN WOOD	IN KITCHER	) (SFAL/CO)	VER)	(1 (-B)			
RAW WOOD	INENTET	10 WAREWASH	HINGARVA (BEAL	JEOUEN)			
1-501.11 DAMAGED F.	LOOK TILLES	4					
INE	FACK DINI	NG ARLA					
BETT	WEEN SERV	INGARKA AND	N KITCHEN				
3-302, 11A4 - CHEESI	E SMEE H	847126-NOV	COVERED	08			
) 30211177 (IDD	1	190.1					
3-501.13 - BAG OF FE	OZLN BEE	FSITTING OUT	-THAW IN REF	RIGERATOR			
TELT ST. P	S EPK	TOPEN					
I EDI SILII.	0 1011	1-1-1-					
	EDUCATION	PROVIDED OR COMMENTS					
Person in Charge /Title:							
GISON III CHAIGE / I IIIC.			Date:	9/9/			
Inspector:	Telepho	one No EPHS N	X 11/	9/9/ Yes □ No			