

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

| TIME IN     | TIME OUT |  |  |  |  |  |  |  |
|-------------|----------|--|--|--|--|--|--|--|
| PAGE / of ( |          |  |  |  |  |  |  |  |

| 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                                                                                                                                                                                                                                                                                                                                                                                 | ABLISHMENT NAME: OWNER:                                                                                     |                      |             |     |                                                                   |                                                         | 1101 10                                                                 |                                                                                                 | PERSON IN                                                             | PERSON IN CHARGE:                  |     |        |  |  |
| ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                      |             |     |                                                                   |                                                         |                                                                         |                                                                                                 | COUNTY:                                                               | TO BOAR                            | N   |        |  |  |
| CITY/ZIP: PHONE: 624-9810                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                      |             |     |                                                                   | FAX: P.H. PRIORITY: A H M                               |                                                                         |                                                                                                 |                                                                       |                                    |     |        |  |  |
| ESTABLISHMENT TYPE  BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD                                                                                                                                                                                                                                                                                                   |                                                                                                             |                      |             |     |                                                                   | ☐ GROCERY STORE ☐ INSTITUTION ☐ TAVERN ☐ MOBILE VENDORS |                                                                         |                                                                                                 |                                                                       |                                    |     |        |  |  |
| PURPOSE  Pre-opening Routine Follow-up Complaint Other                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                      |             |     |                                                                   |                                                         |                                                                         |                                                                                                 |                                                                       |                                    |     |        |  |  |
| FROZEN DESSERT  Approved Disapproved Not Applicable License No.  SEWAGE DISPOSAL  PUBLIC  PRIVATE                                                                                                                                                                                                                                                                                             |                                                                                                             |                      |             | V J | WATER SUPPLY COMMUNITY NON-COMMUNITY 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<br>tN OUT                                                                                                                                                                                                                                                                                                                                                                          | Person in charge present, demo                                                                              | nowledge             | cos         | R   | R Compliance                                                      |                                                         |                                                                         |                                                                                                 | Potentially Hazardous Foods COS Foods recooking, time and temperature |                                    |     |        |  |  |
| IN GOT                                                                                                                                                                                                                                                                                                                                                                                        | and performs duties                                                                                         |                      |             | +   | IN OUT N/O N/A                                                    |                                                         |                                                                         | Proper reheating procedures for hot holding                                                     |                                                                       |                                    |     |        |  |  |
| OUT OUT                                                                                                                                                                                                                                                                                                                                                                                       | Employee Health  Management awareness; policy present                                                       |                      |             |     | IN OUT N/O N/A Proper of                                          |                                                         |                                                                         |                                                                                                 |                                                                       | cooling time and temperatures      |     |        |  |  |
| TUO (AP)                                                                                                                                                                                                                                                                                                                                                                                      | Proper use of reporting, restrict                                                                           | ractices             |             |     | IN C                                                              | TUC                                                     | N/A                                                                     | Proper                                                                                          | cold holding temperated date marking and disp                         | ures                               |     |        |  |  |
| N OUT N/O                                                                                                                                                                                                                                                                                                                                                                                     | Proper eating, tasting, drinking No discharge from eyes, nose a                                             | or tobacco use       |             | +   | IN OUT N/O                                                        |                                                         |                                                                         | Time a                                                                                          | s a public health contr                                               |                                    |     |        |  |  |
| an con no                                                                                                                                                                                                                                                                                                                                                                                     | Preventing Contaminal                                                                                       |                      |             |     |                                                                   |                                                         |                                                                         | record                                                                                          | Consumer Adv                                                          | risory                             |     |        |  |  |
| IN OUT N/O                                                                                                                                                                                                                                                                                                                                                                                    | Hands clean and properly wash                                                                               |                      |             |     | IN C                                                              | TUC                                                     | N/A                                                                     |                                                                                                 | mer advisory provided<br>cooked food                                  |                                    |     |        |  |  |
| OUT N/O                                                                                                                                                                                                                                                                                                                                                                                       | No bare hand contact with ready-to-eat foods or                                                             |                      |             |     |                                                                   |                                                         |                                                                         |                                                                                                 | Highly Susceptible F                                                  | Populations                        |     |        |  |  |
| OUT                                                                                                                                                                                                                                                                                                                                                                                           | approved alternate method properly followed  Adequate handwashing facilities supplied &                     |                      |             |     | IN OUT N/O N/A Pasteu                                             |                                                         |                                                                         |                                                                                                 | urized foods used, prob                                               | nibited foods not                  |     |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               | accessible Approved:So                                                                                      | TIDS .               |             |     |                                                                   |                                                         |                                                                         |                                                                                                 | Chemica                                                               |                                    |     |        |  |  |
| IN OUT N/O N/A                                                                                                                                                                                                                                                                                                                                                                                | Food obtained from approved s Food received at proper temper                                                |                      |             |     | IN C                                                              |                                                         | N/A                                                                     | Toxic s                                                                                         | additives: approved and<br>substances properly id                     | entified, stored and               |     |        |  |  |
| IN OUT N/O (N/A)                                                                                                                                                                                                                                                                                                                                                                              | Food in good condition, safe and unadulterated  (N/A) Required records available: shellstock tags, parasite |                      |             |     | IN OUT N/A Compli                                                 |                                                         |                                                                         | Compl                                                                                           | informance with Approliance with approved S                           | wed Procedures  pecialized Process | 7   |        |  |  |
| IN OUT NO WA                                                                                                                                                                                                                                                                                                                                                                                  | destruction  Protection from Con                                                                            |                      |             |     | and                                                               |                                                         |                                                                         | and H                                                                                           | ACCP plan                                                             |                                    |     |        |  |  |
| OUT N/A                                                                                                                                                                                                                                                                                                                                                                                       | Food separated and protected                                                                                | di Illianio I        |             |     |                                                                   | etter to                                                | o the left of each item indicates that item's status at the time of the |                                                                                                 |                                                                       |                                    |     |        |  |  |
| IN OUT N/A                                                                                                                                                                                                                                                                                                                                                                                    | Food-contact surfaces cleaned                                                                               | & sanitized          |             |     | IN = in compliance N/A = not applicable                           |                                                         |                                                                         |                                                                                                 | OUT = not in o                                                        |                                    |     |        |  |  |
| IN OUT N/O                                                                                                                                                                                                                                                                                                                                                                                    | Proper disposition of returned, reconditioned, and unsafe food                                              | previously served,   |             |     |                                                                   |                                                         | princeted 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                                                                                                                                                                                                                                                                                                                                                                                        | Good Retail Practices are preven                                                                            |                      | control the | R   | IN                                                                | of path<br>OUT                                          |                                                                         |                                                                                                 | Proper Use of Utensus                                                 | s .                                | cos | R      |  |  |
| Paste                                                                                                                                                                                                                                                                                                                                                                                         | eurized eggs used where required                                                                            |                      |             |     | W.                                                                |                                                         | In-use u                                                                | In-use utensils: properly stored Utensils, equipment and linens: properly stored, dried         |                                                                       |                                    |     |        |  |  |
| Wate                                                                                                                                                                                                                                                                                                                                                                                          | er and ice from approved source                                                                             |                      |             |     | U                                                                 |                                                         | handled                                                                 |                                                                                                 |                                                                       |                                    |     |        |  |  |
| Adec                                                                                                                                                                                                                                                                                                                                                                                          | Food Temperature Cor<br>quate equipment for temperature c                                                   |                      |             |     | 1                                                                 |                                                         |                                                                         | used pro                                                                                        | perly                                                                 |                                    |     |        |  |  |
| Appr                                                                                                                                                                                                                                                                                                                                                                                          | oved thawing methods used                                                                                   |                      |             | -   |                                                                   | Food ar                                                 | Uten                                                                    | sits Equipment and Vi<br>od-contact surfaces cle                                                | eanable, properly                                                     |                                    |     |        |  |  |
| Then                                                                                                                                                                                                                                                                                                                                                                                          | rmometers provided and accurate                                                                             |                      |             |     | 4                                                                 |                                                         | designe                                                                 | d. const                                                                                        | ructed, and used                                                      |                                    |     |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                               | Food Identification                                                                                         |                      | -           |     | H                                                                 |                                                         | otrino III                                                              | arewashing facilities: installed, maintained, used; test ips used infood-contact surfaces clean |                                                                       |                                    |     | Kart   |  |  |
| Food                                                                                                                                                                                                                                                                                                                                                                                          | I properly labeled; original contains<br>Prevention of Food Contain                                         | ontainer & ABEC/DATE |             |     |                                                                   | X                                                       |                                                                         |                                                                                                 | Physical Facilities                                                   |                                    |     | 324.03 |  |  |
| Insec                                                                                                                                                                                                                                                                                                                                                                                         | nsects, rodents, and animals not present                                                                    |                      |             |     | ~                                                                 |                                                         | Hot and                                                                 | cold wa                                                                                         | iter available; adequate<br>ed; proper backflow de                    | e pressure<br>evices               |     |        |  |  |
| and                                                                                                                                                                                                                                                                                                                                                                                           | Contamination prevented during food preparation, storage and display                                        |                      |             |     | ~                                                                 |                                                         |                                                                         |                                                                                                 | stewater properly disp                                                |                                    |     |        |  |  |
| finge                                                                                                                                                                                                                                                                                                                                                                                         | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry                         |                      |             |     | -                                                                 |                                                         |                                                                         |                                                                                                 |                                                                       |                                    |     |        |  |  |
| Wipi                                                                                                                                                                                                                                                                                                                                                                                          | ng cloths: properly used and store<br>s and vegetables washed before u                                      | d<br>ise             |             |     | r                                                                 | ,                                                       | Garbag                                                                  | e/refuse                                                                                        | properly constructed, s<br>properly disposed; fac                     | ilities maintained                 |     |        |  |  |
| Person in Charge /Title:  Physical facilities installed, maintained, and clean  Passon in Charge /Title:                                                                                                                                                                                                                                                                                      |                                                                                                             |                      |             |     |                                                                   |                                                         |                                                                         |                                                                                                 |                                                                       |                                    |     |        |  |  |
| to Willy lucker                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                      |             |     |                                                                   | -                                                       | EPHS N                                                                  | lo.                                                                                             | Follow-up:                                                            | Yes                                | À N | 10     |  |  |
| Inspector: Telephone No.                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                      |             | 59  | 3                                                                 |                                                         | 1580                                                                    | 2                                                                                               | Follow-up Date:                                                       | NET                                |     | F6 37  |  |  |