

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

TIME IN	Am	TIME OUT
PAGE	of	1

WITH ANY TIME LIMITS	CTION, OR SUCH SHORTER PE FOR CORRECTIONS SPECIFIE	RIOD OF TIME AS NOTICE	MAY BE SPE MAY RESU	ECIFIED I LT IN CES	N WRITI SSATION	NG BY TH OF YOU	HE REG	DOPERATIONS	HORITY. FAILURE	го сомр	LY	
ESTABLISHMENT NAME: OWNER:			40)			PERSON	PERSON IN CHARGE:			
ADDRESS: LUCA DE DE LA CHRIS CO				35/1	N				CHRIS			
(618 M BUSINESS 60					COUNTY							
CITY/ZIP: DEXTEX 63841 PHONE: 624-6911			FAX	P.H. PRIORITY: H								
ESTABLISHMENT TYPE BAKERY RESTAURANT	☐ C. STORE ☐ CATERE ☐ SCHOOL ☐ SENIOR	R DE	ELI MP. FOOD		GROCER AVERN	Y STORE] <u> </u>	INSTITUTION MOBILE VEN	N DORS			
PURPOSE Pre-opening	Routine Follow-up	☐ Complaint	☐ Other									
FROZEN DESSERT ☐ Approved ☐ Disappr License No.	roved Not Applicable	SEWAGE DISPO	OSAL		ER SUPI OMMUN			NON-COMMUI Date Sampled		VATE sults		
			CTORS AN									
Risk factors are food p	preparation practices and employed eaks. Public health intervention	ee behaviors most co	mmonly rep	orted to th	ne Center	rs for Dise	ease Co	ontrol and Preven	ition as contributing f	actors in		
Compliance	Demonstration of K		cos		mpliance	or many		Potentially Ha	azardous Foods	C	OS R	
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN	OUT N/	O N/A	Prope	r cooking, time and temperature				
_	Employee He	alth			OUT N/C		Prope	r reheating proce	edures for hot holding			
IN OUT	Management awareness; policy				OUT N/			r cooling time and				
IN OUT	Proper use of reporting, restrict				OUT N/C			r hot holding tem				
IN OUT N/O	Good Hygienic P				OUT N/C	N/A		r cold holding ten				
IN OUT N/O	No discharge from eyes, nose a			IN	OUT N/	O N/A	Time a	control (procedures	1			
	Deciration Contaminate	ion bu Llanda		_			record		er Advisory			
IN OUT N/O	OUT N/O Hands clean and properly washed			IN	OUT	N/A		mer advisory pro				
OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						under		otible Populations			
approved alternate method properly followed IN OUT Adequate handwashing facilities supplied & accessible				IN	IN OUT N/O N/A Pasteurized foo offered				d, prohibited foods no	ot		
	Approved Soil	urce							emical			
IN OUT	Food obtained from approved s			IN	IN OUT N/A Food additives:				ed and properly used	d		
NOUT N/O N/A Food received at proper temperature				(IN)	N OUT Toxic substances properly identified, stor				erly identified, stored	and		
IN OUT Food in good condition, safe and unadulterated					Conformance with Approved Procedure							
IN OUT N/O N/A Required records available: shellstock tags, para destruction				IN	IN OUT N/A Compliance with approved Specialized Proce and HACCP plan					cess		
Protection from Contamination The letter to the left of each item indicates that item's status at the time.							time of the					
IN OUT N/A Food separated and protected					inspection.							
IN OUT N/A Food-contact surfaces cleaned & sanitized				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed								
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food					COS = Corrected On Site R = Repeat Item							
	roomanding, and another sec	G	GOOD RETA	IL PRACT	TICES							
	Good Retail Practices are preven					gens, che	emicals	, and physical ob	jects into foods.			
IN OUT	Safe Food and Wate	r	COS R	IN	OUT			Proper Use of U	Itensils	cos	R	
Pasteurized eggs used where required				1	In-use utensils: properly stored							
Water and ice from approved source			Land	Utensils			s, equipment and linens: properly stored, dried,					
	trol		4		Single-u			: properly stored, us	ed			
	Adequate equipment for temperature control			brown .		Gloves u						
Approved thawing methods used						Freder		sils, Equipment		els e		
Thermometers provided and accurate				~		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used						
Food Identification				V		Warewashing facilities: installed, maintained, used; test strips used						
Food properly labeled; original container				book	Nonfood-contact surfaces clean							
Prevention of Food Contamination Insects, rodents, and animals not present				1	Physical Facilities Hot and cold water available; adequate pressure							
Contamination prevented during food preparation, storage				1				ed; proper backfl				
and display Personal cleanliness: clean outer clothing, hair restraint,					Sewage	and wa	stewater properl	y disposed				
fingernails and jewelry Wiping cloths: properly used and stored			-		Toilet facilities: properly constructed, supplied, cleaned							
	Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained						
				6				s installed, main	tained, and clean			
Person in Charge /	Title:	THE STATE OF THE S						Date: 6/1	19/2020	0		
Inspector: Telephone No. 568-4593				E	PHS No	0.	Follow-up:	☐ Yes	100	No		
MO 580-1814 (11 14)	H. DEHNDEZ	DISTRIBUTION: WHIT		NAME OF TAXABLE PARTY.	(SANARY - FI	LE COPY	Follow-up Da	te: NKI		E6.37	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE