

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

TIME IN	TIME OUT
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NEXT ROUTINE	E INSPE	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PE S FOR CORRECTIONS SPECIFIE	RIOD OF TIME A	S MAY BE SPE	CIFIED	N WRITI	NG BY TI	HE RE	GULATORY AUTHORITY	T BE CORRE FAILURE TO	CTED BY	Y THE Y
ESTABLISHMENT NAME: EL CABRITO OWNER: KODOL								PERSON IN CHA	PERSON IN CHARGE:			
ADDRESS: 208 8051N 835 60							COUNTY:	Num				
CITY/ZIP DEXTER 63841 PHONE: 4205			205	FAX:				P.H. PRIORITY :	_	М 🔲 І	L	
BAKERY RESTAU PURPOSE	IT TYPE	C. STORE CATERED SCHOOL SENIOR		DELI TEMP. FOOD		GROCER AVERN	RY STORE		☐ INSTITUTION ☐ MOBILE VENDORS			
☐ Pre-open	ing	Routine Follow-up	☐ Complaint	☐ Other								
FROZEN DE Approved L License No.		roved Mot Applicable	SEWAGE DIS D PUBLIC PRIVATE			ER SUP OMMUN			NON-COMMUNITY Date Sampled	PRIVA	TE ts	
Dink factors o	ro food	proparation practices and employe		ACTORS AND					antal and Draw C			
foodborne illne	ss outbr	oreparation practices and employeeaks. Public health intervention	s are control mea	sures to prevent	foodbor	ne illness	or injury	ease Co				
Compliance IN OUT		Demonstration of K Person in charge present, demo		Contract of the Contract of th	Annual States	Compliance Potentially Hazardous Foods IN OUT N/O N/A Proper cooking, time and temperature			CO	SR		
IN OUT		Employee He								reheating procedures for hot holding		
IN OUT		Management awareness; policy Proper use of reporting, restrict	on and exclusion		IN			r hot holding temperatures	poling time and temperatures of holding temperatures			
IN OUT N/O		Good Hygienic Pr Proper eating, tasting, drinking			INC			r cold holding temperatures r date marking and disposit				
IN OUT N/O		No discharge from eyes, nose a	nd mouth		IN	IN OUT N/O N/A Time as a records)		as a public health control (p	rocedures /			
IN OUT N/O	Preventing Contamination by Hands (IN) OUT N/O Hands clean and properly washed				IN	OUT	(N/A)	Consu	Consumer Advisor	raw or		
No bare hand contact with ready-to-eat foo								under	cooked food Highly Susceptible Popu	ulations		- 4
approved alternate method properly follows IN OUT Adequate handwashing facilities supplied 8				IN			urized foods used, prohibite	ed foods not				
-		accessible Approved Sou	irce					offere	Chemical			
IN OUT Food obtained from approved source IN OUT N/O N/A Food received at proper temperature					IN OUT N/A Food addit		additives: approved and pro substances properly identifi	perly used	d			
						used						
IN OUT Food in good condition, safe and unadulterated IN OUT N/O N/A Required records available: shellstock tags, parasite destruction		site	IN	IN OUT N/A Compliance with approved Specialized P and HACCP plan			5					
		Protection from Con	amination		The	letter to t	the left of		em indicates that item's sta	tue at the time	of the	
IN OUT N/A Food separated and protected			insp	ection.					or the			
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, preconditioned, and unsafe food					ected On	Site	R = Repeat Item			
		Good Retail Practices are preven	tative measures to	GOOD RETAIL			gens che	micals	and physical objects into f	onds		
IN OUT		Safe Food and Water		COS R	IN	OUT			Proper Use of Utensils	00d3.	COS	R
		urized eggs used where required and ice from approved source			V			-	properly stored nent and linens: properly sto	ored dried		
					1		handled					
1	Adequ	Food Temperature Con late equipment for temperature co			5		Gloves u	se/singl sed pro	e-service articles: properly	stored, used		
		ved thawing methods used nometers provided and accurate					Fandana	Uten	sils, Equipment and Vendir od-contact surfaces cleanal	ng		
X	SEE	hwg area refe	6		1		designed	, const	ructed, and used			
		Food Identification			1		Warewas strips use		cilities: installed, maintaine	d, used; test		
/ X	Food properly labeled; original container			r		Nonfood-contact surfaces clean						
	Prevention of Food Contamination Insects, rodents, and animals not present				1		Hot and	cold wa	Physical Facilities ter available; adequate pre-	ssure		
Contamination prevented during food preparation, storage and display			9	V				ed; proper backflow devices				
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				~		Sewage and wastewater properly disposed						
Wiping cloths: properly used and stored			1		Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained							
Fruits and vegetables washed before use				1		Physical	facilitie	s installed, maintained, and	l clean			
Person in Cha	arge /T	itle: Rode	Ho (aras					Date: 6/4/2	0		
Inspector:	in 1	A. BRANDEL	Te	lephone No.	3	E	PHS No		Follow-up:	Yes	A N	10
MO 580-1814 (11-14)		11 10	DISTRIBUTION: WH	HITE - OWNER'S COP	Y	CA	ANARY - FIL	E COPY	, onom up Date.	- Programmer		E6.37



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

TIME IN Jan	TIME OUT 30
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ESTABLISHMENT NAME	ADDRESS	CITY	475	ZIP / P D/ 1/				
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOCAT	ION	63841 TEMP.				
FOOD + REF TENTS 600D								
A STATE OF THE STA								
Code Reference Priority items contribute directly to the elin	PRIORITY ITEMS		d with foodbarne illness	Correct by Initial				
or injury. These items MUST RECEIVE II			d with foodborne limess	(date)				
4601.11A - MODIN	ICKMAKER	- CORRECTE	1					
			~ /					
3-201.11 - Number	-S CONTAIN	kes of too	DNOT					
LABE	201.11 - Numbro-S CONTAINKES OF FOOD NOT LABELLED OF DATED							
- MUST	- MUST LABEL W PRODUCT HAVE AND DATE PLACED IN CONTAINER							
P	CACEDINCE	NTAINER						
Code Reference Core items relate to general sanitation, op	CORE ITEMS	areas aguipment decian general maint	anance or conitation	Correct by Initial				
standard operating procedures (SSOPs).				(date)				
3-302.11 AH-TRAY	SE END WA	CONTERS DE	FP. SIALT	D<				
	1			7				
NOT	CONFAFD -	- KEEPCOULS	\$10.70					
71	DYFOT - FZ	IL/ PLASTIC/	4105					
		, – , – , – , – , – , – , – , – , – , –						
		0)						
	EDUCATION PROVIDED	OR COMMENTS						
Person in Charge /Title:	m		Date:	70				
Inspector: A Death T	Telephone No.	EPHS No.	Follow-up:	Yes No				
WILLIAM A , EXANDEL	568-457	0 1580	Follow-up Date: 🙏	Kan-				