

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

| TIME IN | TIME OUT Pm | | | | |
|-------------|-------------|--|--|--|--|
| PAGE / of / | • | | | | |

| NEXT ROUTINE INSPE | TION THIS DAY, THE ITEMS NOTED BELOW IDENT CTION, OR SUCH SHORTER PERIOD OF TIME AS I S FOR CORRECTIONS SPECIFIED IN THIS NOTICE | MAY BE SPEC | IFIED IN WRIT | TING BY TI | HE REGULATORY AUTHORITY. FAILURE TO C | | HE | |
|--|--|------------------|--|---------------|---|--------|-------|--|
| ESTABLISHMENT | ESTABLISHMENT NAME: OWNER: JESSALYN JANSON PERSON IN CHAR | | | | | | | |
| ADDRESS: 79 | 91 HWY 25 | | | | COUNTY: | | | |
| CITY/ZIP: Box | MF. ELD 63825 PHONE: 568-73 | 324 | FAX: | | P.H. PRIORITY : | I 🗆 L | | |
| ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS | | | | | | | | |
| PURPOSE Pre-opening Routine Follow-up Complaint Other | | | | | | | | |
| FROZEN DESSERT Approved Disapproved Not Applicable License No. PRIVATE Approved Disapproved Not Applicable PRIVATE Approved Disapproved Non-COMMUNITY PRIVATE Date Sampled Results PRIVATE Approved Disapproved Non-COMMUNITY PRIVATE Approved Disapproved Disapproved Non-COMMUNITY Disapproved Non-COMMUNITY Approved Disapproved Disapproved Non-COMMUNITY Disapproved Non-COMMUNITY Approved Disapproved Disapproved Non-COMMUNITY Disapproved Non-COMMUNITY Approved Disapproved Disapproved Non-COMMUNITY Disapp | | | | | | | | |
| 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 IN OUT | Demonstration of Knowledge Person in charge present, demonstrates knowledge, and performs duties | COS | Compliance | | Proper cooking, time and temperature | cos | R | |
| (IN) OUT | Employee Health Management awareness; policy present | | IN OUT N | | Proper reheating procedures for hot holding Proper cooling time and temperatures | | | |
| IN OUT | Proper use of reporting, restriction and exclusion | | IN OUT N | N/O N/A | Proper hot holding temperatures | | | |
| IN OUT N/O | Good Hygienic Practices Proper eating, tasting, drinking or tobacco use | | IN OUT N | | Proper cold holding temperatures Proper date marking and disposition | | | |
| IN OUT N/O | No discharge from eyes, nose and mouth | | IN OUT N | NO N/A | Time as a public health control (procedures / records) | | | |
| IN OUT N/O | Preventing Contamination by Hands Hands clean and properly washed | | IN OUT | N/A | Consumer Advisory Consumer advisory provided for raw or undercooked food | | | |
| IN OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | Highly Susceptible Populations | | | |
| IN OUT | Adequate handwashing facilities supplied & accessible | | IN OUT N | N/O(N/A | Pasteurized foods used, prohibited foods not offered | | | |
| IN OUT | Approved Source Food obtained from approved source | | (IN) OUT | N/A | Chemical Food additives: approved and properly used | , | • | |
| IN OUT N/O N/A | Food received at proper temperature | | IN OUT | | Toxic substances properly identified, stored and used | | | |
| IN OUT N/O N/A | Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite destruction | | IN OUT | N/A | Conformance with Approved Procedures Compliance with approved Specialized Process and HACCP plan | | | |
| IN OUT NIA | Protection from Contamination | | The letter to | o the left of | each item indicates that item's status at the time of | of the | | |
| IN OUT N/A | Food separated and protected Food-contact surfaces cleaned & sanitized | | inspection. | compliance | e OUT = not in compliance | á — | | |
| IN OUT N/O | N/A = not applicable N/O = not observed | | | | | | | |
| | G | OOD RETAIL | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I | | | | | |
| IN OUT | Good Retail Practices are preventative measures to c Safe Food and Water | ontrol the intro | IN OUT | nogens, che | Proper Use of Utensils | COS | R | |
| | eurized eggs used where required r and ice from approved source | | / | | ensils: properly stored equipment and linens: properly stored, dried, | | | |
| VVale | | | 1 | handled | | | | |
| | Food Temperature Control uate equipment for temperature control | | - | | se/single-service articles: properly stored, used sed properly | | | |
| Thorr | oved thawing methods used nometers provided and accurate | | 1 | Food and | Utensils, Equipment and Vending I nonfood-contact surfaces cleanable, properly | | | |
| -6 | ETNENTHEL FORSMALCFR | 166 | V | designed | , constructed, and used | | | |
| Food | | | 1 | strips use | | | | |
| | properly labeled; original container Prevention of Food Contamination | | , | | Physical Facilities | | | |
| | Insects, rodents, and animals not present Contamination prevented during food preparation, storage | | V | | cold water available; adequate pressure i installed; proper backflow devices | | | |
| and c | isplay onal cleanliness: clean outer clothing, hair restraint, | | | | and wastewater properly disposed | | | |
| finger | mails and jewelry | | - | | | | | |
| | g cloths: properly used and stored and vegetables washed before use | | X | Garbage | /refuse properly disposed; facilities maintained | | | |
| Person in Charge / | Fitle: | | V | Physical | facilities installed, maintained, and clean Date: | | | |
| X CA | Man | | | EDITO | X /0//1/20 | | | |
| Inspector: | 1. BRANDEZ Teler | phone No. | 3 | EPHS No | | No | | |
| MO 580-1814 (11-14) | DISTRIBUTION: WHITE | - OWNER'S COP | Y | CANARY - FIL | | | E6.37 | |