

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

TIME IN DO	TIME OUT
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NEXT ROUTINE INSPE WITH ANY TIME LIMITS	CTION, OR SUCH SHORTER PE S FOR CORRECTIONS SPECIFI	ERIOD OF TIME AS M. ED IN THIS NOTICE M	AY BE SPE	CIEIED IN	WRITING	GBYINER	OR FACILITIES WHICH MUST BE CO REGULATORY AUTHORITY. FAILUR OOD OPERATIONS. PERSON IN CHARGE:	DRRECTED BY	Y THE Y
ESTABLISHMENT	NAME:	OWNER:	DO A	NAST	TACI	10	BUILD E	18/21	H
ADDRESS:	9 5 WALNUT						COUNTY:	4	
CITY/ZIP:	E 63822	PHONE:	250	FAX:			P.H. PRIORITY : D	н 🗆 м 🗆 і	L
ESTABLISHMENT TYPE BAKERY RESTAURANT	☐ C. STORE ☐ CATERI	ER DEL	LI MP. FOOD	☐ GF	ROCERY VERN	STORE	☐ INSTITUTION ☐ MOBILE VENDORS		
PURPOSE	Routine Follow-up		Other						
Pre-opening FROZEN DESSER		SEWAGE DISPO		WATER	R SUPPI	LY			
□Approved □Disapp License No.	roved 🚨 Not Applicable	☐ PUBLIC ☐ PRIVATE		E CO	MMUNI	ITY 🔲		RIVATE tesults	
		RISK FAC	TORS AN	DINTER	VENTIO	NS			
Risk factors are food	preparation practices and employ	ee behaviors most con	nmonly repo	orted to the	Centers	for Disease	Control and Prevention as contributing	g factors in	
foodborne illness outbr Compliance	reaks. Public health intervention		COS	R Comp	pliance		Potentially Hazardous Foods	CO	S R
OUT	Person in charge present, dem			IN O	UT N/O	N/A Pro	pper cooking, time and temperature		
	and performs duties Employee He				UT N/O		oper reheating procedures for hot hold	ling	
IN OUT	Management awareness; polici Proper use of reporting, restrict	y present		The second second	UT N/O		oper cooling time and temperatures oper hot holding temperatures		
A	Good Hygienic P	ractices		IN O	UT	N/A Pro	oper cold holding temperatures oper date marking and disposition		
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose				UT N/O	The second second	ne as a public health control (procedure	es /	
117 001 1170					enso.	rec	consumer Advisory		
IN OUT N/O	Preventing Contamine Hands clean and properly wash			IN O	UT (nsumer advisory provided for raw or dercooked food		
IN OUT N/O	No bare hand contact with read approved alternate method pro						Highly Susceptible Populations		
OUT OUT	Adequate handwashing facilitie accessible			IN O	UT N/O		steurized foods used, prohibited foods ered	not	
OUT	Food obtained from approved s			IN O	UT	N/A For	Chemical od additives: approved and properly us	sed	
IN OUT N/O N/A	Food received at proper tempe			IN O			xic substances properly identified, store		
IN OUT	Food in good condition, safe ar	nd unadulterated				_	Conformance with Approved Procedu		
IN OUT N/O N/A	Required records available: she destruction	ellstock tags, parasite		IN O	OUT (mpliance with approved Specialized Policy HACCP plan	rocess	
IN OUT N/A	Food separated and protected	tamination				ne left of eac	h item indicates that item's status at th	e time of the	
IN OUT N/A	Food-contact surfaces cleaned	& sanitized		inspe		mpliance	OUT = not in compliance		
IN OUT N/O Proper disposition of returned, previously served,				N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item					
II 331 (III)	reconditioned, and unsafe food		OOD RETAI						
	Good Retail Practices are preve	ntative measures to co	ntrol the int	roduction o	of pathoge	ens, chemic	als, and physical objects into foods.		
IN OUT	Safe Food and Water	N'	COS R	IN	OUT		Proper Use of Utensils ils: properly stored	cos	R
	eurized eggs used where required r and ice from approved source			1	u	Jtensils, equ	ils: properly stored ipment and linens: properly stored, dri	ed,	
, vale		steel		handle		nandled	ingle-service articles: properly stored,		
Adeq	Food Temperature Coluate equipment for temperature of			1		Gloves used	properly		
Appro	oved thawing methods used	ed Ut		tensils. Equipment and Vending nfood-contact surfaces cleanable, prop	perly				
Therr	Food Identification			0	designed, constructed, and used Warewashing facilities: installed, maintained, used; te				
				1	S	strips used Nonfood-contact surfaces clean			
Food	properly labeled; original contain Prevention of Food Contain			1	Ph		Physical Facilities		
	nsects, rodents, and animals not present		V	H	Hot and cold				
and o	Contamination prevented during food preparation, storage and display			V			stalled; proper backflow devices		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				- 12	KEN TEAM	wastewater properly disposed	SINK		
Wipir	ng cloths: properly used and store	d		1	T	Foilet facilitie	es: properly constructed, supplied, clea use properly disposed; facilities mainta	ined	
Fruits	s and vegetables washed before u	100		1	KF	hysical faci	lities installed, maintained, and clean		
Person in Charge /	Title Elizabelle A	Some					Date: 9 - 27 - 21		No
Inspector:	A KRI DE	Telep	hone No.	593	EF	PHS No.	Follow-up: Yes Follow-up Date:	and the same of th	No
MO 580-1814 (11-14)	M. DOTTO DE	DISTRIBUTION: WHITE	- OWNER'S CO	OPY	CAN	NARY - FILE CO			E6.37



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	TIME IN DOS.	TIME OUT	Pa
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ESTABLISHMENT NAME	ADDRESS	HWAT	CITY).t	ZIP 6398	22	
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRO	DDUCT/ LOCATION			TEMP	
TENES COOL							
100000000000000000000000000000000000000							
				ب			
Code Reference Priority items contribute directly to the e	limination prevention or	ORITY ITEMS reduction to an acceptable level, vithin 72 hours or as stated.	nezards associated with	foodborne illness	Correct by (date)	Initial	
35-117 0115		ANTAINER	5 Mr 57	FF			
3-501,11 - ALL	TUBSC	BNITHNER		-			
LA-B.	KED I	WITH THO	PUEY NA	mk			
	A	De de	ATT IT	WASM	SCA		
		1					
Code Reference Core items relate to general sanitation.	organional controls, facil	ORE ITEMS lines or structures, equipment des	sign, general maintenand	e or sanitation	Correct by (date)	Initial	
standard operating procedures (SSOPs). These items are to b	e corrected by the next regular	inspection or as stated	,			
	1		1 1				
1 Mot white	Mess	60 DO-W	N NOV	SINK			
# 13	127.0	FONGE	シチノ				
No.	300 1 314	20000					
	Marie V	V - d	1 h	7			
65011/ REPAIR S	CKEEN	ON FITCH	100	20			
0.11 80.0		NOVE -	- 2 / 24	ANN	7-3	-	
CALL TKIOS	- 10 CZ	» NSTRUCT	10001		1.0		
	POLICATION	DROVIDED OR COMMENT	9				
	EDUCATION	PROVIDED OR COMMENT	S	7			
	EDUCATION	PROVIDED OR COMMENT	S	7			
Person in Charge /Title:		PROVIDED OR COMMENT	S Dat	e: 9-27	1-21		
Person in Charge /Title: Inspector:	ie	PROVIDED OR COMMENT	Dat No. Follows	e: 9— 2-7 ow-up: Exow-up Date:	Yes [] No	