

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

TIME IN 3:30Pm	TIME OUT P
PAGE / of \mathbb{Z}	

INEX I ROUTIN	IE INSPE	S FOR CORRECTIONS SPECIFIE	RIOD OF TIME AS	MAY BE SPE	CIFIED	IN WR	PITING BY T	THE DE		ECTED O COM	BY THE PLY
LAL	DE	10A5	GUSTA	BO M	ARI	DUE	EZ		PERSON IN CHARGE:		
ADDRESS:	507	F STATE HUY 2	100 000					.58	COUNTY:		
CITY/ZIP: ESTABLISHMEN	(20	NFIKA 63825	PHONE: 568-61	20	FAX	:			P.H. PRIORITY : A H	М] L
BAKERY PURPOSE	Y	C. STORE CATERE		EMP. FOOD		GROC AVER	ERY STOR	RE	☐ INSTITUTION ☐ MOBILE VENDORS		
Pre-oper	ning	☐ Routine ☐ Follow-up	☐ Complaint	Other							
FROZEN DE Approved [License No		roved Not Applicable	SEWAGE DISP PUBLIC PRIVATE		₫ c	OMM	JPPLY IUNITY			ATE ilts	
Pick factors	are food	proparation practices and employe		CTORS AND							
Toodborne Iline	ess outbr	eaks. Public health interventions	are control measu	ires to prevent	foodbor	ne Cen	ess or injury	ease C	Control and Prevention as contributing far	tors in	
Compliance IN OUT		Demonstration of Kr Person in charge present, demo				mplianc	and the same of th	D	Potentially Hazardous Foods	C	os R
		and performs duties		71	- 0		N/O N/A		er cooking, time and temperature		
INOUT		Employee Heat Management awareness; policy			IN	OUT	N/O N/A	Prope	er reheating procedures for hot holding er cooling time and temperatures		
IN OUT		Proper use of reporting, restriction	on and exclusion		IN	OUT	N/O N/A	Prope	er hot holding temperatures		
IN OUT NO	3	Good Hygienic Proper eating, tasting, drinking of				OUT	N/A N/O N/A		er cold holding temperatures er date marking and disposition		
IN OUT N/O		No discharge from eyes, nose a	nd mouth		IN	OUT I	N/O N/A	Time	as a public health control (procedures /		
		Preventing Contamination						recor	Consumer Advisory		
IN OUT N/O		Hands clean and properly washe	; d		IN	OUT	(N/A)		sumer advisory provided for raw or recooked food		
IN OUT N/O)	No bare hand contact with ready approved alternate method prop							Highly Susceptible Populations		
IN OUT		Adequate handwashing facilities			IN	TUO	N/O N/A	Paste	eurized foods used, prohibited foods not		
-		accessible Approved Sou	rce					offere	ed Chemical		
IN OUT	TALIA.	Food obtained from approved so			IN		N/A	Food	additives: approved and properly used		
IN OUT N/O	N/A	Food received at proper tempera	iture		IN	OUT		Toxic used	substances properly identified, stored a	ıd	
IN OUT N/O	NI/A	Food in good condition, safe and Required records available: shell			IN	OLIT	Alla	C	Conformance with Approved Procedures		
114 001 14/01	IVA	destruction		*	IIN	001	(N/A)	and h	pliance with approved Specialized Proced HACCP plan	S	
ONDOUT	N/A	Protection from Conta Food separated and protected	imination		The	letter t	o the left of	each i	item indicates that item's status at the tim	e of the	
and the same of th	N/A	Food-contact surfaces cleaned 8	sanitized		inspe	ection.	compliance		OUT = not in compliance		
IN OUT N/O Proper disposition of returned, previously served.				N/A = not applicable N/O = not observed							
		reconditioned, and unsafe food					orrected On	Site	R = Repeat Item		
		Good Retail Practices are prevent		COOD RETAIL			nogens che	emicals	and physical objects into foods		
IN OUT		Safe Food and Water		COS R	IN	OUT		, in the same	Proper Use of Utensils	COS	R
		urized eggs used where required and ice from approved source							properly stored ment and linens: properly stored, dried.		
					-		handled				
	Adequ	Food Temperature Contr ate equipment for temperature cor					Single-us Gloves u		le-service articles: properly stored, used		
		ved thawing methods used						Uter	nsils, Equipment and Vending		
	Inerm	ometers provided and accurate			and the same				pod-contact surfaces cleanable, properly tructed, and used		
		Food Identification						shing fa	acilities: installed, maintained, used; test		
Service Control of the Control of th	Food p	roperly labeled; original container			1				ot surfaces clean		
				-		Hot and	cold wa	Physical Facilities ater available; adequate pressure			
Prevention of Food Contamination				and the same of		Plumbing	install	led; proper backflow devices			
Contamination prevented during food preparation, storage and display Personal cleanliness: clean outer clothing, hair restraint,				/		Sewage a	and wa	astewater properly disposed			
/	fingernails and jewelry Wiping cloths: properly used and stored				- Comment				properly constructed, supplied, cleaned		
		and vegetables washed before use					Garbage	refuse	properly disposed; facilities maintained		
Person in Cha	arge /Ti	lle:00 CO. 200					Physical	acilitie	es installed, maintained, and clean Date:		
Inspector:		130	Teler	phone No.			EPHS No		Follow-up: Yes		No
MO 580-1814 (11-14)	n f	1. BRANDEL	J .	phone No.	-45	13	1582	7	Follow-up Date: Will CALL		140
000-101-4 (11-14)			DISTRIBUTION: WHITE	- UWINER'S COPY			CANARY - FILI	COPY			E6 37



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

TIME IN 30A	TIME OUT
PAGE Of	

ESTABLISHMEN	IT NAME STRISAS	ADDRESS	TE HWY 25	Bloom Fikel	ZIP	
	OD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	The state of the s	TEMF)
		35	1005111050017		ILIVIE	
WALL	IN COOLER FREEZER	0				
	grand and the three frames	Control		The same of the sa		
COLD	HPEPS	38,39				
		30,71	Committee			
Code			DRITY ITEMS		Correct by	Initial
Reference	Priority items contribute directly to the elin or injury. These items MUST RECEIVE II	MMEDIATE ACTION w	eduction to an acceptable level, hazards a ithin 72 hours or as stated.	ssociated with foodborne illness	(date)	
_						
			The second secon	·		
Code Reference	Core items relate to general sanitation, op standard operating procedures (SSOPs).	erational controls, facilit			Correct by (date)	Initial
	FLANNING OPEN.	NG /2-	5-18			
	WILL VISIT					1.00
	Will Visel	12-4-13				
		No. of the last of				
	Notte All	CONSTR	-crow/Buildin	NG DONE		
	1-0123. 100	20100	DI:	4		
	TR(0)	2100	TENING			
		•				
**************************************	1000	xDr.				
	HIROVED 10	OTEN	111111111111111111111111111111111111111	000		
		of Burekley		(7)		1
		EDUCATION F	PROVIDED OR COMMENTS			
Person in Cha	arge /Title:			Date: 29-10	<	3
Inspector:	A. BRANKE	Telepho	ne No. EPHS No.	Follow-up:	Yes [No
WILL		Bar J Co	-11/75 11 12	Follow-up Date: /	- 15 15	