



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

TIME IN 1:45 PM	TIME OUT 2:30 P
PAGE 1 of 2	

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: TROPICAL SNO SEMO	OWNER: HARLI PETTY	PERSON IN CHARGE: TRYNA MITCHELL
ADDRESS: 1503 W BOS 60	COUNTY: STODDARD	
CITY/ZIP: DEXTER, 63841	PHONE: 573 625 8476	FAX:
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L		

ESTABLISHMENT TYPE

<input type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> TEMP. FOOD	<input type="checkbox"/> TAVERN	<input checked="" type="checkbox"/> MOBILE VENDORS

PURPOSE

Pre-opening Routine Follow-up Complaint Other

FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____
--	---	---

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	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
IN OUT	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT N/O	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
IN OUT N/O	Preventing Contamination by Hands			IN OUT N/A	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed				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/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT	Approved Source			IN OUT N/A	Chemical		
IN OUT N/O N/A	Food obtained from approved source			IN OUT	Food additives: approved and properly used		
IN OUT	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated			IN OUT N/A	Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection.			
IN OUT N/A	Food separated and protected			IN = in compliance OUT = not in compliance			
IN OUT N/A	Food-contact surfaces cleaned & sanitized			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			

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
/		Pasteurized eggs used where required			/		In-use utensils: properly stored		
/		Water and ice from approved source			/		Utensils, equipment and linens: properly stored, dried, handled		
/		Food Temperature Control			/		Single-use/single-service articles: properly stored, used		
/		Adequate equipment for temperature control			/		Gloves used properly		
/		Approved thawing methods used			/		Utensils, Equipment and Vending		
/		Thermometers provided and accurate			/		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
/		Food Identification			/	X	Warewashing facilities: installed, maintained, used test strips used		
/		Food properly labeled; original container			/		Nonfood-contact surfaces clean		
/		Prevention of Food Contamination			/		Physical Facilities		
/		Insects, rodents, and animals not present			/		Hot and cold water available; adequate pressure		
/		Contamination prevented during food preparation, storage and display			/		Plumbing installed; proper backflow devices		
/		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			/		Sewage and wastewater properly disposed		
/		Wiping cloths: properly used and stored			/		Toilet facilities: properly constructed, supplied, cleaned		
/		Fruits and vegetables washed before use			/		Garbage/refuse properly disposed; facilities maintained		
					/		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Tryna Mitchell	Date: 4-2-18
Inspector: William A. Brandt	Telephone No. 568-4593
EPHS No. 1530	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: N/A



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

TIME IN 1:45 PM	TIME OUT 2:30 PM
PAGE 2 of 2	

ESTABLISHMENT NAME TROPICAL SNOW	ADDRESS 1503 W BUS 60	CITY DEXTER	ZIP 63841
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.

Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
	<u>CLOROX, REGULAR FOR SANITIZER</u> 120-200 PPM		
	* NEED TEST STRIPS		
	ALL GENERIC SPRAY BOTTLES LABELED		
	NO BUG SPRAYS, OR NOT APPROVED SPRAY PRODUCTS		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Trayna R Mitchell	Date: 4-2-18
Inspector: William A. BRUNDEL	Telephone No. 568-4593
EPHS No. 1582	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: NRE