

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

| TIME IN | TIME OUT |
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| PAGE / of | / |

| 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: OWNER; | | | | | | | | | PERSON IN CHARGE: | | | | | | | | |
| ADDRESS: 1007 BBWN FILOT | | | | | | | | | COUNTY: | | | | | | | | |
| CITY/ZIP: PHONE: 014- 1010 | | | | | | | FAX: P.H. PRIORITY: MHML | | | | | | | | | | |
| ESTABLISHMENT TYPE | | | | | | | ☐ GROCERY STORE ☐ INSTITUTION | | | | | | | | | | |
| RESTAUF | | ☐ TAVERN ☐ MOBILE VENDORS | | | | | | | | | | | | | | | |
| ☐ Pre-opening ☐ Routine ☐ Follow-up ☐ Complaint ☐ FROZEN DESSERT SEWAGE DISPOSA | | | | | | | /ATEI | R SUI | PPLY | | | | | | | | |
| □ Approved □ Disapproved □ Not Applicable □ PUBLIC □ PRIVATE | | | | С | | T) | CCC | MML | YTINI | | | -COMMUNITY PRIVATE 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 | s outbre | Demonstration of K | nowledge | | cos | R | Com | pliance | | | Potentiall | | | | COS | S R | |
| IN OUT | | Person in charge present, demo | | /ledge, | | | OUT N/O N/A | | | · · | r cooking, tim | | | | | | |
| | Employee Health | | | | | | | | I/O N/A | | r reheating p | | | | - | | |
| IN OUT | IN OUT Management awareness; policy p IN OUT Proper use of reporting, restriction | | | ion | | | TN C | UT N | I/O N/A | Prope | r hot holding t | temperat | ures | | | | |
| | | Good Hygienic P | nactices. | | | | IN C | | N/A I/O N/A | | r cold holding r date markin | | | | + | | |
| IN OUT N/O | | Proper eating, tasting, drinking No discharge from eyes, nose a | ind mouth | | | | | | IO NA | Time a | as a public he | alth cont | rol (proce | edures / | | | |
| | | Preventing Contaminat | ion by Hands | | | \vdash | | | | record | Cons | sumer Ac | Ivisory | | | | |
| IN OUT N/O | | | | | | | IN C | TU | N/A | | onsumer advisory provided for raw or dercooked food | | | | | | |
| IN OUT N/O No bare hand contact with read | | | | or | | | | | | | Highly Sus | ceptible | Populatio | ons | | | |
| approved alternate method pro N OUT Adequate handwashing facilitie | | | s supplied & | | | IN OUT N/C | | | I/O N/A | Pasteurized foods used, prohibited foods not | | | | | | | |
| | | accessible Approved So | irce | | | | | | | offere | | Chemica | il in the second | | | | |
| IN OUT Food obtained from approved | | ource | | | | | UT | | | additives: app substances p | | | | | - | | |
| NOUT N/O N/A Food received at proper temper | | ature | | | | IN OUT | | | used | | | | | | | | |
| NOUT Food in good condition, safe an IN OUT N/O N/A Required records available: she | | | | | | | | | iance with approved Specialized Process | | | | | | | | |
| destruction | | | 75 | diddid | | | | | | - | ACCP plan | | | | | _ | |
| Protection from Contamination (IN OUT N/A Food separated and protected | | | tamination | | | \vdash | | | the left o | f each it | em indicates | that item | 's status | at the time | of the | | |
| N OUT N/A Food-contact surfaces cleaned & sanitize | | | & sanitized | inspection. IN = in | | | | | compliance OUT = not in compliance | | | | | | | | |
| 4N OUT N/O Proper disposition of returned, previously sen | | | /ed, | | | | | t applicable rrected Or | | | = not ob Repeat I | | | | | | |
| reconditioned, and unsafe food | | | | | OD RETA | AU DE | | | | | | | | | | | |
| | _ | Good Retail Practices are prever | tative measur | es to con | trol the i | ntrodu | iction o | of path | ogens, ch | emicals | , and physica | l objects | into food | s. | | | |
| IN OUT | | Safe Food and Wate | | (| COS F | R | IN | OUT | | | properly store | of Ulensi | Is | | cos | R | |
| V | | urized eggs used where required and ice from approved source | | | | -+ | 1 | | Utensils | , equipn | nent and liner | ns: prope | rly stored | d, dried, | | | |
| V | VVale | - 32 | | | | _ | - | | handled | | e-service arti | | | | - | | |
| V. | Adem | Food Temperature Cor uate equipment for temperature c | | | | - | 1 | | Gloves | used pro | operly | | | Ju, uocu | | | |
| V | Appro | ved thawing methods used | | | | | | | Food or | uter | ed-contact su | urfaces o | leanable | properly | | | |
| 1 | Therm | nometers provided and accurate | | | | | V | | designe | d. const | ructed, and u | ontact surfaces cleanable, properly ed, and used | | | | | |
| | | Food Identification | | | | | strips used | | | | | es: installed, maintained, used; test | | | | | |
| - | Food | d properly labeled, original container | | | | | V | | Nonfood | Nonfood-contact surfaces clean Physical Facilities | | | | | | | |
| V | Insect | sects, rodents, and animals not present | | | | | V | Hot and cold water available; adequate pressure | | | | | | re | | | |
| / | Contamination prevented during food preparation, storage and display | | | | | | Plumbing installed; proper backflow devices | | | | | | | | | | |
| V | Perso | Personal cleanliness: clean outer clothing, hair restraint, fingernalis and jewelry | | | | | V | | Sewage and wastewater properly disposed | | | | | | | | |
| V | Wipin | liping cloths: properly used and stored | | | | | 1 | | Toilet fa | Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained | | | | | | | |
| Fruits and vegetables washed before use | | | | | | V | | Physical facilities installed, maintained, and clean | | | | | ean | | | | |
| Person in Ch | arge /T | itle: Hours (| dam | 3- | | | | | | | Date: | 2/9 | 123 | ? | | | |
| Inspector: Telepho | | | | опе No | 1-6 | 7 | | EPHS N | lo. | Follow-up: | | | Yes | | No | | |
| Will | 1tt by | - H. DH-TEC | | 100 | OWNEDIA | CODY | | | CANARY - F | II E COPY | 1 Onow-up | Date. | 7.11 | - 0-00 | | E6.37 | |