

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

TIME IN 10:00 Am	TIME OUT OF A
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NEXT ROUTINE	E INSPE	TION THIS DAY, THE ITEMS NOT CTION, OR SUCH SHORTER PER S FOR CORRECTIONS SPECIFIED	IOD OF TIME	AS MAY BE	SPEC	IFIED	IN WR	RITING BY T	THE REGU	ACILITIES WHICH MUST BE CORRECTED FAILURE TO OPERATIONS	COMPL'	Y THE Y
ESTABLISHMENT NAME: OWNE			OWNER.						PERSON IN CHARGE:			
ADDRESS: 2025 WEST BUSINE			The second last					COUNTY: DARN		THIS.		
CITY/ZIP: 6384/ PHONE			PHONE!	-5514 FAX:			P.H. PRIORITY : H	м 🗆 г				
ESTABLISHMENT TYPE BAKERY C. STORE CATERER RESTAURANT SCHOOL SENIOR CENTER			ENTER	DELI GROCERY STORE TEMP. FOOD TAVERN				INSTITUTION MOBILE VENDORS				
PURPOSE Pre-open	ning	Routine Follow-up	☐ Complain	t 🗆 Oti	her				W 37			
□ Approved □ Disapproved □ Not Applicable □ PUE			SEWAGE DI PUBLIC PRIVATE					ON-COMMUNITY ☐ PRIVA te Sampled Result				
Pick factors	ro food r	properties practices and employee		FACTORS					0.1			
foodborne illne	ss outbre	eaks. Public health interventions	are control mea	asures to pr	event fo	odbor	rne illn	ess or injury	ease Contr	rol and Prevention as contributing factor		
Compliance IN OUT		Person in charge present, demons and performs duties		dge,	S R	-	ompliand OUT	N/O N/A	Proper co	Potentially Hazardous Foods poking, time and temperature	COS	S R
OUT		Employee Healt				-	THE PERSON NAMED IN	N/O N/A		eheating procedures for hot holding		
IN OUT		Management awareness; policy p Proper use of reporting, restriction		1				N/O N/A N/O N/A		poling time and temperatures of holding temperatures		
IN OUT N/O		Good Hygienic Prace Proper eating, tasting, drinking or					OUT	N/A N/O N/A	Proper co	old holding temperatures		
IN OUT N/O		No discharge from eyes, nose and						N/O N/A		ate marking and disposition a public health control (procedures /		
		Preventing Contamination	hy Hands						records)	Consumer Advisory		_
IN OUT N/O		Hands clean and properly washed						Consume	er advisory provided for raw or			
IN OUT N/O		No bare hand contact with ready-t approved alternate method proper	o-eat foods or						Highly Susceptible Populations			
IN OUT		Adequate handwashing facilities s accessible				IN	OUT N/O N/A Pasteurized		Pasteuriz offered	red foods used, prohibited foods not		
INJOUT		Approved Source								Chemical		
IN OUT N/O N/A Food obtained from approved source in OUT N/O N/A Food received at proper temperature.								Toxic sub	litives: approved and properly used ostances properly identified, stored and	i		
OUT Food in good condition, safe and un					Confe			Confe	ormance with Approved Procedures			
IN OUT N/O N/A Required records available: shellstock destruction			site		IN	OUT	N/A)	Complian and HAC	ce with approved Specialized Process CP plan			
IN OUT	N/A	Protection from Contar Food separated and protected	nination			The letter to the left of each item indicates that item's status at the tin				indicates that item's status at the time	of the	
IN OUT N/A Food-contact surfaces cleaned & sanitize		sanitized				e	OUT = not in compliance					
Proper disposition of returned, previous reconditioned, and unsafe food		viously served,			N/A = not applicable COS = Corrected On Site N/O = not observed R = Repeat Item							
		reservationed, and ansare lood		GOOD RE	ETAIL F	PRACT	TICES					
IN CUIT		Good Retail Practices are preventat	ive measures					hogens, che				
IN OUT	Pasteu	Safe Food and Water urized eggs used where required		cos	R	IN	OUT	In-use ut		oper Use of Utensils perly stored	cos	R
1		and ice from approved source				~			equipmen	t and linens: properly stored, dried,		
in the second	Adequ	Food Temperature Contro ate equipment for temperature cont	rol			1				ervice articles: properly stored, used		
	Approv	ved thawing methods used ometers provided and accurate	Ol			Gloves used pro		Utensils	, Equipment and Vending			
2	merm	Food Identification				designed, construct		d, construct	contact surfaces cleanable, properly ted, and used ies: installed, maintained, used; test			
1000							X	strips us	ed			
	Food p	Food properly labeled; original container Prevention of Food Contamination				Nonfood-contact su			rfaces clean Physical Facilities			
-	Insects, rodents, and animals not present					6		Hot and	Hot and cold water available; adequate pressure			
Contamination prevented during food preparation, storage and display			е		1				proper backflow devices			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					V				water properly disposed			
		cloths: properly used and stored and vegetables washed before use				1	-			perly constructed, supplied, cleaned		
	i iulio c	and vogetables washed before use				1		Physical	facilities in	perly disposed; facilities maintained stalled, maintained, and clean		
Person in Cha	arge /Ti	the buckey,	Has	ب						ate: 2/12/4/20	121	
Inspector:	~ B	FANDEL	Te 5	elephone N	5-9	3		EPHS No		ollow-up: Yes ollow-up Date:	□ No	0



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ESTABLISHMENT NAME WALMARY DENTER	ADDRESS	EST BUS 60	CITY	63825
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCTA	TEMP.	
ROAST CHICKEN HOTHOLD	F(89) B(125)	7000	SA	
HOT HOW TOP TANS	1600		The same	
DEEP COLD HOLD	400		- SIMPLE	
WINGHING 63966 5	12-222-740			
Code Reference Priority items contribute directly to the elir	mination, prevention or re	RITY ITEMS duction to an acceptable level, hazards	associated with foodborne illness	Correct by Initial (date)
or injury. These items MUST RECEIVE I	MMEDIATE ACTION wit	thin 72 hours or as stated.		
3-501,18 5 TACKS OF	LARDUS D	ELLIMENT DATEL	MARCH 2021	
NOTE	DISCAR	SED IN DELICA	SE	
Võ	C Bistos	ED BY MANAGE	R	
3-501. 17-3 PACKS OF	1100 - 4	DI I DI LAT A IX	17-6217	
5-301. (1-31ACF) 01	COLDUTA	Y DISTOSED B	PMANAGER	
		0		
3-201,11-MOST OPENE	D DELIN	NEAT WITH INCO	PRECT	
DATING	- OFEN A	上与 SPOE DAT	ES SAME	
EXPLAIN	UKD LAB	ECO6		
3-581 (6A) - ROKST CH	() () ()	HILD AT 1320	ARXIF (892)	50)
5- JOHN FORST CH	TA DISTO	SE AFTER 2 HRS	NOY TO BE	
(HILLES	A-DFL	TIN COLD DO	STLAY	
		10000		
4-TO3.11-BAYERY WA	RF WASH MI	ACHINE TEMPA	7 145° (3AN)	
ADVISED	TO SUN TH	Poul SINK SANTTI	388	
Code Reference Core items relate to general sanitation, or	CO	REITEMS		Correct by Initial (date)
standard operating procedures (SSOPs).				(date)
			-52	
4-502,11C-TEMTGO	AGE SO	DAPEWASHENDE!	PLANS 190 WHIS	1450
1 FOI ELL	1000000	Strick model	-chip) [[0 and	
4-601,11APRIDEITY IT	EM) BRE	AD BAKING BACK	5 FOOD/GREATA	
M	BAKE	Dan BACKS-1	nustbe 11	
7	CLEAR		ouch X	
11 (11) 11 (12) 11 11 11			1-11-05	- V
4-601.11C-BACKSIDE	PLAN	STEAK W SPILLE	N FOOTE	111111
5022	CLEA		Co	4/2421
(FEISE ITY ITEM)	Section Same II 1	7-	D	
	N FREMIUM	1 BABY FORMULA	EXTIPED	
MARCE	+ 1,2021	(3)CANS) HE	LD PAST EXPL	ATE
		V	1, xxxc	Wal.
		V	2 My	3
	EDUCATION	PROVIDED OR COMMENTS	P	
	EDUCATION	VOAIDED OK COMMEN 12		
·		1		
Person in Charge /Title:	11- 1	1	Date: ///	1-12021
Inchestory Turchery	Telepho	ne No. EPHS No.	Follow-up:	Yes No
WILLIAM BRANDEL	5 68	-43 73 1582	Follow-up Date:	163 🖺 140



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ESTABLISHMENT NAME WALMENT-DEXTER	ADDRESS 2025 WE	ST Bus 4	0	CITY	6384	1
FOOD PRODUCT/LOCATION	TEMP.		LOCATION	TEMP.		
		and the same of th				
				The state of the s		
	200	COLUMN TERMS			0 11	1. 10. 1
Code Reference Priority items contribute directly to the eli or injury. These items MUST RECEIVE	imination, prevention or	ORITY ITEMS reduction to an acceptithin 72 hours or as	table level, hazards a stated.	associated with foodborne illness	Correct by (date)	Initial
MEAT KOOM	2155	CIEMTIN	t court	N IN MILE BIE		
H-2001.11- CUTTING	DORTH	DETICI	H SIDE	DW VISIBLE		
A PE	FLACK/R	ETAIL	TO ALLON	CLKANING		
CORETIEM)	,					
4-601-BLOOD/GREAGE	DIET VI	NDKKCI	-TT.N6	BARDS		
ANDONT	ET ST WE	AI FOO	m TRA	stcans unde	2	
CUTTING) •		Corre	1	
CCE	TO			77/	6	
· ·				T)	1	
				·		
Code Reference Core items relate to general sanitation, or standard operating procedures (SSOPs)	perational controls, facil				Correct by (date)	Initial
MEAD ROOM						
4-601.11C - FANCOU	LES IN	MEATE	son A-	DCOOLEK		
WDW	STCOUL	RING		THE CITY I		
- C	LEANA	-5 NEED	DED 10 F	EET CLEAN		
6-501 . H - CIELING TO	ILL MES	n) 6 And	ZIDE DE	E/1-1/WW-1N		
6 JULION CITCIPLE	YWALKIN	N	JIPC 2	-CI WILLIAM		
	(Drick in	-)				
				9		
	EDUCATION	PROVIDED OR CO	OMMENTS			
						-
Person in Charge /Title:	. 4	1		Date: L	1017	071
Inspector:	Telenh	one No.	EPHS No.	Follow-up:	Yes [] No
Inspector: DELANDEC	569	one No43	EPHS No.	Follow-up Date:		_ ,,,