

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

TIME NS	TIME OUT
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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									
ESTABLISHMENT N									
ADDRESS:	HUT	Phil lemes Khinda umin					15		
(Vicedal Williams)	2 spartes on Flater Mosioniga								
CITYIZIR: had	eston 6384	PHONE: 39	81		ΓΑΛ. 		P.H. PRIORITY: DH M		
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP.FOOD									
PURPOSE Pre-opening	Routine Follow-up	☐ Complaint ☐	Other						
FROZEN DESSERT Approved Disapproved Not Applicable License No. PRIVATE SEWAGE DISPOSAL DISP									
	THE STATE OF STREET	RISK FACT					More thinking to an in-1816 (MV Section 1)		
	preparation practices and employee eaks. Public health interventions				odborne illne	ess or injury	ease Control and Prevention as contributing factors in		
Compliance IN OUT	Demonstration of Kno Person in charge present, demon	ATTIVATE PARTY IN THE PARTY IN	cos	R	Complianc IN) OUT I		Proper cooking, time and temperature	cos	R
29 001	and performs duties Employee Heal			-	IN OUT(Proper reheating procedures for hot holding		+
IN OUT	Management awareness; policy p	resent			IN OUT	N/O N/A	Proper cooling time and temperatures		
N OUT	Proper use of reporting, restriction Good Hygienic Pre				TUO (AL)	N/O N/A	Proper hot holding temperatures Proper cold holding temperatures		+
IN OUT N/O	Proper eating, tasting, drinking or	tobacco use		7	IN OUT I	N/O N/A	Proper date marking and disposition		
IN OUT NO	No discharge from eyes, nose and				IN OUT I	N/Q N/A	Time as a public health control (procedures / records)		
IN OUT N/O	Preventing Contamination Hands clean and properly washed				IN OUT	N/A	Consumer Advisory Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready- approved alternate method prope			Ī			Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities saccessible			Ì	IN OUT I	N/O(N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source						Chemical		
IN OUT N/O N/A	Food obtained from approved sou Food received at proper temperat		-	5	TUO VAL	N/A	Food additives: approved and properly used Toxic substances properly identified, stored and		
IN OUT		11.1910		4		-	used		
M OUT N/O N/A									
	destruction Protection from Conta	mination					and HACCP plan		+-4
IN OUT N/A	Food separated and protected The letter to the left of each item indicates that item's status at the time of the inspection.								
IN OUT N/A	Food-contact surfaces cleaned &								
INT OUT N/O	Proper disposition of returned, pre reconditioned, and unsafe food	eviously served,				orrected Or			
	Good Petail Practices are prevents			_	RACTICES	hadans ch	emicals, and physical objects into foods.	218	CWP.
IN OUT	Safe Food and Water		OS R	Jun	IN JOUT	adgeris, cri		os	R
	urized eggs used where required and ice from approved source			-	/		tensils: properly stored , equipment and linens: properly stored, dried,		
vvalei		SAL SAL			1	handled			
Adequ	Food Temperature Contro late equipment for temperature con			-			se/single-service articles: properly stored, used		
Appro	ved thawing methods used				N	Food on	Utensils, Equipment and Vending		
Them	nometers provided and accurate				19	designe	d, constructed, and used		
	Food Identification		- 4			etrips us			
Food	properly labeled; original container Prevention of Food Contamin	ation		-	-	Nonfood	I-contact surfaces clean Physical Facilities		
Insects, rodents, and animals not present					1		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									
Wiping cloths: properly used and stored Toillet facilities: properly constructed, supplied, cleaned									
Fruits	and vegetables washed before use				X		e/refuse properly disposed; facilities maintained facilities installed, maintained, and clean		
Person in Charge /T		01106	1	1	1/110	00.1	Date: (0-17-19		
Inspector: Telephone No. EPHS No. Follow-up: Yes No									
MO 580-1814 (41-14)	To Jacella	DISTRIBUTION: WHITE-	1/30-1	_	10	CANARY-FI	Follow-up Date:		E6.37
MUN 100-1014 (+1-14)		PIGLINDOLION MULTER-	ANTIBUTED CO			AUTAULT - L	NAME AND A		-0.01



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TIME SNS	TIME QUITS
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ESTABLISHMENT NAME P. 7.7 A Hut	ADDRESS Charleston Plaza Charleston	ZIP 3834
FOOD PRODUCT/LOCATION	TEMP. FOOD PRODUCT/ LOCATION	TEMP
Deaches Tsaladbar	40° - Marinara / Heamwell	156°F
Walk-in cooler	40°E	
pizza prep/ beet	3901	
Code	PRIORITY ITEMS	Correct by Initial
Reference Priority items contribute directly to the el- or injury. These Rems MUST RECEIVE	mination, prevention or reduction to an acceptable level, hazards associated with foodborne illness IMMEDIATE ACTION within 72 hours or as stated.	(date)
5-205. DA 110Se attached	tomos sok faucet lawing in muso	
4-601.11 A Food debry or	clean dishes	
1-601.11A 7000 Casing a	A STATE OF THE STA	
1-601.11/1 Sorla NOZZ CS	moldy	
		-
Code Reference Core items relate to general sanitation, or	CORE ITEMS perational controls, facilities or structures, equipment design, general meintenance or sanitation	Correct by Initial (date)
standard operating procedures (SSOPS)	These items are to be corrected by the next regular inspection or as stated.	
501.12A Floor sticky and	und buffet.	
4-601.1 C Exterior of a	ish machine and fryer	
Hanling Class dislace	not air dried before Stacking	
Tioning (var) askes	THE ALL CITES DETOTE STACKING	
4601. C Grease build	up on bread rack and wire shelves.	
6-501.11 Water damage	e around ceiling vent in letteren.	
7		
Dicussed replacing cracke	plastic ware a cloud plastic shelf inch	101
cups by drive thru	Nas ascussed.	
Person in Charge /Title:	> Several Navage Date: 6-17.	-19
Inspector: Atta Only Ma	Telephone No. EPHS No. Follow-up: Follow-up Date:	Yes No
MO 580-1814-(11-14)	DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY	E6.37A