

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

10 ENDO		TIME OUT 50
PAGE	of C	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 OWNER:						PERSON IN CHARGE:					
ADDRESS: 1/9 1/1/0 (AIV) COUNTY (15555)									),		
ETYZIP: Prairie 63845 PHONE: - 025					FAX: P.H. PRIORITY:   H   M   L						
ESTABLISHMENT TYPE  BAKERY  C. STORE  CATERER  DELI  RESTAURANT  SCHOOL  SENIOR CENTER  TEMP. FOOD  TAVERN  MOBILE VENDORS											
PURPOSE  Pre-opening Routine Follow-up Complaint Other											
FROZEN DESSERT  Approved Disapproved Not Applicable License No.  SEWAGE DISPOSAL PUBLIC PRIVATE  WATER SUPPLY COMMUNITY Date Sampled											
Diek festere			ACTORS						150		
foodborne illnes	s outbre	reparation practices and employee behaviors most caks. Public health interventions are control meas	ures to pre	event fo	odbo	rne illne	ess or injury	ease Control and Prevention as contributing facto	rs in		
IN OUT		Demonstration of Knowledge  Person in charge present, demonstrates knowledg and performs duties	e, COS	SR		Compliance Potentially Hazardous Foods IN OUT N/O N/A Proper cooking, time and temperature			COS	R	
IN OUT		Employee Health			IN	IN OUT N/O N/A Proper reheating procedures for hot holdin IN OUT N/O N/A Proper cooling time and temperatures					
IN OUT		Management awareness; policy present  Proper use of reporting, restriction and exclusion			JN	OUT I	Proper cooling time and temperatures Proper hot holding temperatures				
IN OUT NO		Good Hygienic Practices Proper eating, tasting, drinking or tobacco use		-	IN	OUT I	N/A N/O N/A	Proper cold holding temperatures Proper date marking and disposition			
IN OUT NO		No discharge from eyes, nose and mouth			IN	1 TUO	V/Q N/A	Time as a public health control (procedures / records)			
IN OUT N/O		Preventing Contamination by Hands Hands clean and properly washed			IN	OUT	(N/A)	Consumer Advisory Consumer advisory provided for raw or			
IN OUT N/O No bare hand contact with ready-to-eat foods or			-		undercooked food Highly Susceptible Populations						
approved alternate method properly followed IN OUT Adequate handwashing facilities supplied &						V/Ø N/A	Pasteurized foods used, prohibited foods not				
6	accessible Approved Source				100			Offered Chemical			
IN OUT N/O N	N/A	Food obtained from approved source Food received at proper temperature						Food additives: approved and properly used Toxic substances properly identified, stored and			
IN OUT	0	Food in good condition, safe and unadulterated				Conformance with Approved Procedures					
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction		е		IN	IN OUT N/A Compliance with approved Specialized Process and HACCP plan						
IN OUT	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				of the		
	1/A	Food-contact surfaces cleaned & sanitized			- (	inspection,  IN = in compliance  OUT = not in compliance					
IN OUT (N/O)  Proper disposition of returned, previously served, reconditioned, and unsafe food					N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item						
			GOOD RE	ETAIL F	RAC	TICES	ogono al	ominals and physical shipets late for the	12,10	5.5	
IN OUT		Safe Food and Water	COS	R	IN	OUT		Proper Use of Utensils	cos	R	
7	Pasteurized eggs used where required Water and ice from approved source				4	In-use utensils: properly stored  Utensils, equipment and linens: properly stored, or					
Food Temperature Control				1		handled Single-u	se/single-service articles: properly stored, used				
	Adequate equipment for temperature control Approved thawing methods used						Gloves	used properly. Utensils, Equipment and Vending			
Thermometers provided and accurate							d nonfood-contact surfaces cleanable, properly				
Food Identification							ewashing facilities: installed, maintained, used; test				
Food properly labeled; original container  Prevention of Food Contamination				1			d-contact surfaces clean Physical Facilities				
Insects, rodents, and animals not present Contamination prevented during food preparation, storage		L L			Hot and cold water available; adequate pressure  Plumbing installed; proper backflow devices						
and display  Personal cleanliness: clean outer clothing, hair restraint,				+			and wastewater properly disposed				
fingernails and jewelry Wiping cloths: properly used and stored				1			and wastewater properly disposed				
Fruits and vegetables washed before use					V		Garbage	/refuse properly disposed; facilities maintained facilities installed, maintained, and clean			
Person in Charge /Title: Date: (2 - /2 - 2021)											
Inspector:	1	Marcum Fele	phone N	197 -	2K	71	EPHS No	Follow-up: Yes Follow-up Date:	Z N	0	
MO 580-1814 (11-14)	-	DISTRIBUTION: WHI	E - OWNER	SCOPY		*	CANARY - FIL			E6.37	



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

TYMB!NO U	TIME OUT 50
PAGE 2 of	2

ESTABLISHMEN	AND PRODUCT/LOCATION	ADDRESS 119	NLincoln	East	Prairie	ZIP 384	15
FC	OD PRODUCT/LOCATION	TEMP.	FOOD PRO	DDUCT/ LOCATION	1700	TEMP	-, -
MAN	tridge	367					
-	0		2				
Code Reference	Priority items contribute directly to the elim	PRIO	ORITY ITEMS eduction to an acceptable level h	nazards associated with to	oodhome illness	Correct by (date)	Initial
	Priority Items contribute directly to the elir or injury. These Items MUST RECEIVE I	MMEDIATE ACTION W	ithin 72 hours or as stated.		TO SECULIAR SOUTH SEC	(asto)	
		= 1 /	V = 1 ×				
	none	att	MISTANIE				
		0)					
							-
							-
Code Reference	Core items relate to general senitation, or standard operating procedures (SSOPs).	erational controls, facili	DRE ITEMS ties or structures, equipment designation of the corrected by the next regular is	gn. general maintenance inspection or as stated.	or sanitation	Correct by (date)	Initial
	10/00	11/11	AIS FINA	0			
	W LDI CE	2001 10	TIS TIPE				
			-				
		EDITORETOR	BROWINED OF SOMME	*			
		EDUCATION	PROVIDED OR COMMENTS				
Person in Charge /Title: Date: 6 - / 0						1-200	9/
Inspector:	de Mari	Tun Felepho	ine No 3 - 24/ EPHS No			Yes ,	No
MO 580-1814 (11-1		DISTRIBUTION WHITE - OWN	ER'S COPY CANARY - FIL	FOIIOV	v-up Date:		E6:37A