

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

TIME IN 30		TIMEOUSO
PAGE	of	2

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOTED BELOW IDEI CTION, OR SUCH SHORTER PERIOD OF TIME AS S FOR CORRECTIONS SPECIFIED IN THIS NOTICE	MAY BE SP	PECIF	FIED IN	N WRIT	ING BY T	HE RE	GULATORY AUTHORITY. FAILURE TO C	OMPLY	THE
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: 1807 Main St.								COUNTY SS SSIDO	1	
CÎTYIZIP: 13834 PHONE: 184-8074 FAX: P.H. PRIORITY: [P.H. PRIORITY: H M				
ESTABLISHMENT TYPE ☐ BAKERY ☐ RESTAURANT		DELI TEMP. FOOD			ROCE	RY STOR		☐ INSTITUTION ☐ MOBILE VENDORS		
PURPOSE Pre-opening	☐ Routine ☐ Follow-up ☐ Complaint	☐ Other								
FROZEN DESSERT Approved Disapproved Not Applicable License No. PUBLIC PRIVATE				Z C	R SUF	JNITY		NON-COMMUNITY PRIVATI Date Sampled Results		
Risk factors are food	RISK F preparation practices and employee behaviors most	commonly rep					ease C	ontrol and Prevention as contributing factor	s in	
foodborne illness outbr	eaks. Public health interventions are control meas	cos	nt fo	odborr	ne illnes	s or injury	/.	Potentially Hezardous Foods	cos	R
IN OUT	Person in charge present, demonstrates knowledge and performs duties					I/Ø N/A	Prope	er cooking, time and temperature	000	
	Employee Health						er reheating procedures for hot holding			
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclusion	÷	pa .					er cooling time and temperatures er hot holding temperatures		
Sec. 1	Good Hygienic Practices	45		(IN)		N/A		er cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth					I/O N/A	Time	er date marking and disposition as a public health control (procedures /		+
<u> </u>			-		- 55		record	ds) Consumer Advisory		-
IN OUT (N/O	Preventing Contamination by Hands Hands clean and properly washed			IN	OUT	N/A		umer advisory provided for raw or recooked food		
IN OUT NO							TIEST OF	Highly Susceptible Populations		
IN) OUT	approved alternate method properly followed Adequate handwashing facilities supplied & accessible			IN	OUT N	I/O N/A	Paste	eurized foods used, prohibited foods not		
	Approved Source	- A		0				Chemical		
IN OUT N/O N/A	Food obtained from approved source Food received at proper temperature			(IN)		N/A		additives: approved and properly used substances properly identified, stored and	-	
							used			
/ IN OUT Food in good condition, safe and unadulterated		ito		IN	OUT	N/A		onformance with Approved Procedures bliance with approved Specialized Process		-
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction Protection from Contamination							and F	HACCP plan		1_
IN OUT N/A	Food separated and protected				letter to ection.	the left o	f each i	tem indicates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized			IN = in compliance OUT = not in compliance						
IN OUT N/O Proper disposition of returned, previously served,				N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item						
	reconditioned, and unsafe food	GOOD RETA	AIL F	RACT	ICES	1011	500	E R. Williams		
	Good Retail Practices are preventative measures to	control the li	ntrod	luction	of path	ogens, ch	emicals			
IN OUT	Safe Food and Water eurized eggs used where required	COS	R	IN	OUT	In-use u	itensils:	Proper Use of Utensils properly stored	cos	R
	r and ice from approved source			X		Utensils	, equipi	ment and linens: properly stored, dried,		
	Food Temperature Control		-	X		Single-		le-service articles: properly stored, used		
	uate equipment for temperature control			X		Gloves	used pr	operly		
	oved thawing methods used morneters provided and accurate					Food or		nsils, Equipment and Vending		
Then	mometers provided and accurate			X		designe	d, cons	tructed, and used		
	Food Identification			X		strips us	sed	acilities: installed, maintained, used; test		
Food properly labeled; original container Prevention of Food Contamination				X		Nontoo	d-conta	ct surfaces clean Physical Facilities		1, 11
Insects, rodents, and animals not present				X				ater available; adequate pressure		
Contamination prevented during food preparation, storage and display		9		X		Plumbir	ng instal	lled; proper backflow devices		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				X	,			astewater properly disposed		
Wiping cloths: properly used and stored Fruits and vegetables washed before use				X				properly constructed, supplied, cleaned properly disposed; facilities maintained		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					X			es installed, maintained, and clean		
Person in Charge /Title: Date: 1/-12-203-3										
Inspector:	2 Marchin 5	lephone No	3	-2	191	EPHS N	81	Follow-up:	Δ <u> </u>	0
110 200 100 100	District Inc.	UITE CHANEDIS	CORY	-		CANARY F	II E CORV			F6 37



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

TIME IN 30	TIME OUT O
PAGE Of	2

FO	ODPRODUCT/LOCATION	ADDRESS 207 TEMP.	Main St.	DUCT/LOCATION	TEMP.	2/
Code Reference	Priority items contribute directly to the elir or injury. These items MUST RECEIVE I	PRIO nination, prevention or o MMEDIATE ACTION w	ORITY ITEMS eduction to an acceptable level, hi ithin 72 hours or as stated.	ezards associated with foodborne ill	Correct by (date)	Initial
	ALD (at thi				
	110112	<u> </u>	3 111100			
	19					
				<u> </u>		
Code Reference	Core flame religie in general woulddfon as	CC	ORE ITEMS		Correct by Ti	nitial
(n-202,	Core flems relate to general sanitation, or standard operating procedures (SSOPs).	budung	corrected by the next regular in	not Complete	d NRI	
	SEAT 01 60	Hom to!	prevent e	ntry ot pes	7/	
				-		
	A Lorenza de Antonio	EDUCATION I	PROVIDED OR COMMENTS		Shorts to a 12	
Person in Ch	NRI = Alxi	ruthrei	vispection	English 11	(2)	
Inspector:	die Marcin	Telepho	one Nov 3 - 219 EPHS No	6 Follow-up Date	☐ Yes 💆	No No