

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

TIME IN Q 50 am	TIME OUTS am
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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 WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.								
ESTABLISHMENT N	BLISHMENT NAME: OWNER:					PERSON IN CHARGE:	PERSON IN CHARGE:	
ADDRESS: 005	IN. Washington	COUNTY: MISSISSE						
CITY/ZIP: Pra	icie 63945 B	HONE: 290 1/3	(N)	FAX:		P.H. PRIORITY: 🗆 H 🔯	МПГ	
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS								
PURPOSE Pre-opening Routine Follow-up Complaint Other								
FROZEN DESSERT Approved Disapproved D								
Risk factors are food r	preparation practices and employee behi	RISK FACTORS				Control and Prevention as contributing factor	ure in	
foodborne illness outbre Compliance	eaks. Public health interventions are of Demonstration of Knowled	ontrol measures to pr	revent for	odborne illne	iss or injury.	Potentially Hezardous Foods	COS R	
N OUT	Person in charge present, demonstrate and performs duties			IN OUT		per cooking, time and temperature	360 K	
IN OUT	Employee Health Management awareness; policy prese	nt		IN OUT		per reheating procedures for hot holding per cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and Good Hygienic Practice	III TO STATE OF THE STATE OF TH			V/O/N/A Prop	per hot holding temperatures per cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or toba No discharge from eyes, nose and mo				V/O N/A Prop	per date marking and disposition as a public health control (procedures /		
	Preventing Contamination by	Hands.			reco	ords) Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT		sumer advisory provided for raw or ercooked food		
IN OUT N/O	No bare hand contact with ready-to-ea approved alternate method properly fo	llowed		IN OUT	ua (uz.)	Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities suppl accessible	ied &		IN OUT I	N/O N/A Pasi offer			
IN OUT N/O N/A	Food obtained from approved source			IN OUT		Chemical dadditives: approved and properly used		
IN OUT	Food received at proper temperature Food in good condition, safe and unad	ultorated	30	IN OUT	used			
IN OUT N/O N/A	Required records available: shellstock destruction			IN OUT	N/A Com	Conformance with Approved Procedures apliance with approved Specialized Process HACCP plan		
(IN OUT N/A	Protection from Contamina Food separated and protected	On -				item indicates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sani	tized			compliance ot applicable	OUT = not in compliance N/O = not observed		
IN OUT NO	Proper disposition of returned, previou reconditioned, and unsafe food	sly served,			orrected On Site	R = Repeat Item		
GOOD RETAIL PRACTICES Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.								
IN OUT	Safe Food and Water urized eggs used where required	cos	R	IN OUT		Proper Use of Utensils properly stored	COS R	
	and ice from approved source			X		pment and linens: properly stored, dried,		
✓ Adequ	Food Temperature Control			X		gle-service articles; properly stored, used		
Appro	ved thawing methods used nometers provided and accurate			V	Ufi	onsils, Equipment and Vending food-contact surfaces cleanable, properly		
X	Food Identification			X	designed, con	structed, and used facilities: installed, maintained, used; test		
Food	properly labeled; original container	Library Co.		X	strips used	act surfaces clean		
Insect	Prevention of Food Contamination s, rodents, and animals not present			X		Physical Facilities vater available; adequate pressure		
	mination prevented during food preparat	ion, storage		X		alled; proper backflow devices		
X Person finger	nal cleanliness: clean outer clothing, hai nails and jewelry	restraint,		X	Sewage and v	vastewater properly disposed		
	g cloths: properly used and stored and vegetables washed before use			X X	Garbage/refus	properly constructed, supplied, cleaned properly disposed; facilities maintained		
Person in Charge /T	itle:			X		ies installed, maintained, and clean		
Inspector: Telephone No. FPHS No. Follow-up: M Yes D No.								
MO 580-1814 (11-14)	u Yorneur	RIBUTION: WHITE - OWNER	05	191	CANARY - FILE COP	Follow-up Date:	25 E6.37	



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TIME IN DOWN	TIME OUT 35am
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ESTABLISHMENT NAME CUSCY'S CHEVERAL Store	DRESS	W. Washington East Prairie	63645	
FOOD PRODUCT/LOCATION	TEN	MP. FOOD PRODUCT/ LOCATION	TEMP.	_
Pepperoni pizza prep table top	370F	Bucon pieces / Walk in Cooler	36°F	
Pitra Sauce lo the prostate to	100F	Deli turkey Deli prop tuble top Pignt	38 ' F	
The state of the s	TOF	Swill Cheece / Deliping tryle top Middle	39 °F	
Ambient Mr (MA) / pitza prep table buttons	390		416F	
Code	36°F	Died White cours Deli orco table to left	Gorrect by Initia	31
Reference Priority items contribute directly to the elimin or injury. These items MUST RECEIVE IMN	tion, pre EDIATE	vention or reduction to an acceptable level, hazards associated with foodborne illness ACTION within 72 hours or as stated.	(date)	30)
the Additional Te		X		
K HARATONIA TE	pp	P.		-
Deli Salami I, De		rep table buttom Right 3901		
	-	prep tuble buttom Left 43°F		
An Ben Walk		over 41°F		
Varulla Ice Cream W		Ice cream Hopper 33-F		-
MA Self Serve	10000	li case 39°F		
ANA MULTINA		over 38°F		
				_
Code Reference Core items relate to general sanitation, operations and administration of the control of the con	lional cor	CORE ITEMS ntrols, facilities or structures, equipment design, general maintenance or senitation is are to be corrected by the next regular inspection or as stated.	Correct by Initial (date)	
1.301.11 The Deli prep tubu			2 15/25 4	1
ambient air temperat			-113102 14 6	_
			*	
\ - \ - \ - \ - \ - \ - \ - \ - \ -				
				-
	EDU	CATION PROVIDED OR COMMENTS		
Person in Charge /Title:		Date: 17 - 8-	15	-
Inspector: Maker: Management	بار	Telephone No. EPHS No. Follow-up:	Yes 🔲 No	5
4 WILLIA O INLOW	DIDI ITIDA	S13 - 663 - 2491 450 Follow-up Date: 17	- 15-25	