

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

TIMEIN	5	TIME OUTS
PAGE	of	

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: OWNER:						PERSON IN CHARGE:										
ADDRESS: // 5 LIACOLA COUNTY SISSION							an'									
CITY/ZIP: PYALCO 13845 PHONES - 21.51					FAX: P.H. PRIORITY: H M E											
ESTABLISHMENT TYPE																
RESTAURANT SCHOOL SENIOR CENTER TEMP, FOOD TAVERN MOBILE VENDORS																
☐ Pre-opening ☐ Routine ☐ Follow-up ☐ Complaint ☐ Other																
Approv	FROZEN DESSERT Approved Disapproved Not Applicable Disapproved Disapproved															
Dials foots	RISK FACTORS AND INTERVENTIONS Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in															
toodborne	iliness	outbre	eaks. Public health intervention	s are control measur	res to pre	event for	oodbo	ne illne	ess or injury	sease Co y	ontrol and	Prevention a	s contributi	ng factor	s in	
Compliance Demonstration of Knowledge IN OUT Person in charge present, demonstrates knowledge,			COS	S R		mplianc	N/O N/A	Proper		tially Hazard time and ten			cos	R		
			and performs duties Employee He	alth			IN	OUT	N/O N/A	Proper	r reheatii	ng procedure	s for hot hol	dina	-	
IN OUT			Management awareness; policy				IN	OUT (N/O/N/A	Proper	r cooling	time and tem	peratures			
W OUT			Proper use of reporting, restricti Good Hygienic Pr				-	OUT	N/O N/A N/A			ing temperatu ding tempera				
AN OUT			Proper eating, tasting, drinking of	or tobacco use			IN	OUT I	N/O N/A	Proper	r date ma	rking and dis	position			
OUT OUT	N/O		No discharge from eyes, nose a	nd mouth			IN	OUT I	N/O(N/A)	Time a records		c health contr	ol (procedu	res /		
TUO MI	Preventing Contamination by Hands N' OUT N/O Hands clean and properly washed					(IV)	OUT	N/A	Consumer Advisory Consumer advisory provided for raw or undercooked food				0			
IN OUT	N/O		No bare hand contact with ready							underc		oa Susceptible i	Populations	1 , 7		
approved alternate method properly followed IN OUT Adequate handwashing facilities supplied &						(IN)	1 TUO	N/O N/A	Pasteu	urized foc	ds used, prof	nibited foods	s not		+	
accessible Approved Source								offered	d ————————————————————————————————————	Chemica	III .			-		
UN OUT	~		Food obtained from approved so					OUT	N/A			approved an	d properly u			
IN OUT	N/9 N	I/A	Food received at proper tempera	ature			(IN)	OUT		Toxic s used	substance	es properly id	entified, sto	red and		
IN OUT	NIO(N		Food in good condition, safe and						10	Co		ce with Appro				
IN OUT	N/Q(N	I/A)	Required records available: she destruction Protection from Cont				IN	OUT	(N/A)		liance wit ACCP pla	h approved S in	pecialized F	Process		
(IN) OUT	N	/A	Food separated and protected	ammanon						f each ite	em indica	tes that item's	s status at t	he time o	of the	
IN OUT	N.	/A	Food-contact surfaces cleaned 8	& sanitized				ection. IN = in	complianc	e	(OUT = not in o	compliance			
IN OUT	N/O		Proper disposition of returned, p				N	/A = nc	ot applicable	е		N/O = not obs R = Repeat Ite	erved			
No.	-		reconditioned, and unsafe food		OOD RE	TAIL			Sirected Of	TOILE		v – Nepeat Ite				
			Good Retail Practices are preven						hogens, ch	emicals.	and phys	sical objects in	nto foods			
	UT		Safe Food and Water		cos	R	IN	OUT			Proper U	se of Utensils			cos	R
X			rized eggs used where required and ice from approved source				X				properly s	tored nens: proper		to d		
X		vvator					X		handled	, equipme	ient and i	nens: proper	ly storea, ar	ried,		
		Adequi	Food Temperature Cont	rol			X					articles: prop	erly stored,	used		
X			equate equipment for temperature control proved thawing methods used						Gloves	used prop		oment and Ve	inclina			
X	Thermometers provided and accurate				X			d nonfoo	od-contac	t surfaces cle	anable, pro	perly				
	Food Identification					V			shing fac	ucted, an	a used stalled, maint	ained, used	; test			
Food properly labeled; original container									surfaces							
Prevention of Food Contamination Insects, rodents, and animals not present					1		Hot and	and wat	Physic	al Facilities						
Contamination prevented during food preparation, storage and display					2		Plumbing	g installe	ed; prope	ole; adequate backflow de	vices					
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						X		Sewage	and was	stewater p	properly dispo	sed				
Wiping cloths: properly used and stored Fruits and vegetables washed before use					X		Toilet fac	cilities: pr	roperly co	onstructed, su	ipplied, clea	ned				
						^	X	Physical	facilities	installed	lisposed; faci , maintained,	and clean	ined			
Person in Charge /Title: Date: // 2020																
Inspector: Telephone No 2191 EPHS No. Follow-up: Yes No. Follow-up Date:																
MO 580-1814	(11-14)		11000	DISTRIBUTION: WHITE	- OWNER	SCOPY		-	CANARY - FIL		- Onow-l	p Date.				ED 47



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TIME IN 5	TIME OUTSO
PAGE O of	

ESTABLISHMEN	NT NAME BBQ ADDRESS III S LINCO	in last Prairie	1,3845
FO	OOD PRODUCT/LOCATION TEMP.	FOOD PRODUCT/LOCATION	TEMP.
HAM	Standing list holding 144 + 9	an Deans Isteam well	160 F
AHO	display coolerpres 40°F		
Code Reference	PRIORITY ITEM Priority items contribute directly to the elimination, prevention or reduction to or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours.	S an acceptable level, hazards associated with foodborne illness	Correct by Initial (date)
	THE SECOND WITH 1/2 HOLD WITH	irs of as stated.	
	More at this time	l .	
		- 149	
		The state of the s	
		all the region of the second o	
Code Reference	Core items relate to general sanitation, operational controls, facilities or struct standard operating procedures (SSOPs). These items are to be corrected	ures, equipment design, general maintenance or sanitation	Correct by Initial (date)
		by the max regular inspection of as stated.	
9-(00)-11	(C) took delans in bottom of	stand up truzer	NRI
3-30).1	Pies being stored in walk-	in cooler uncovered	ARI
	J		
		-	
		Andrew	
		and the second	
	EDUCATION PROVIDED	O OR COMMENTS	
	NRI = next rutine 11	spection	
Person in Ch	harge /Title: // // A a da (/ hara a c /	Date: ///) ()	/2020
Inspector:	Telephone No. 3	79 EPHS No. Follow-up: Follow-up Date:	Yes No