

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

TIME IN 30	TIME OUT			
PAGE / of a				

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOTED BELL CTION, OR SUCH SHORTER PERIOD OF	TIME AS MAY BE SPE	CIFIED IN WRIT	ING BY THE REC	SULATORY AUTHORITY, FAILURE TO	COMPLY		
ESTABLISHMENT N					PERSON IN CHARGE:			
ADDRESS: // // // // // // // // // // // // //				COUNTY	J			
CMY/ZIP: 63834 PHONE: 24/4 FAX:				P.H. PRIORITY:	M DAL			
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 Not Applicable License No. PRIVATE SEWAGE DISPOSAL PUBLIC PRIVATE NON-COMMUNITY Date Sampled Results								
Diele fe ete es ese fe ed e		RISK FACTORS ANI	The state of the s	MARIE TO THE PARTY OF THE PARTY				
	preparation practices and employee behavior eaks. Public health interventions are cont	rol measures to prevent			And the state of the first of the state of t	Jan Company		
IN OUT	Demonstration of Knowledge Person in charge present, demonstrates k and performs duties		IN OUT N	O N/A Proper	Potentially Hazardous Foods r cooking, time and temperature	COS R		
(IN OUT	Employee Health Management awareness; policy present		IN OUT NA		r reheating procedures for hot holding rocoling time and temperatures			
IN OUT	Proper use of reporting, restriction and ex Good Hygienic Practices	clusion	IN OUT N	O N/A Proper	hot holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking or tobacco		IN OUT N/	Q N/A Proper	r cold holding temperatures r date marking and disposition			
IN OUT N/O	No discharge from eyes, nose and mouth Preventing Contamination by Har		IN OUT N/	record	as a public health control (procedures / s) Consumer Advisory			
IN OUT NO	Hands clean and properly washed	Na -	IN OUT		mer advisory provided for raw or cooked food			
IN OUT N/O	No bare hand contact with ready-to-eat fo approved alternate method properly follow				Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied accessible		IN OUT N	O(N/A Paster offered	urized foods used, prohibited foods not			
IN OUT	Approved Source Food obtained from approved source		IN_OUT	N/A Food a	Chemical additives: approved and properly used			
IN OUT N/O N/A	Food received at proper temperature		IN OUT		substances properly identified, stored and			
IN OUT N/O N/A	Food in good condition, safe and unadulted Required records available: shellstock tag		IN OUT		onformance with Approved Procedures iance with approved Specialized Process			
	destruction Protection from Contamination			and H	ACCP plan			
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	Frood-contact surfaces cleaned & sanitize Proper disposition of returned, previously		N/A = not	IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed				
IIV GGT (IIIG)	reconditioned, and unsafe food	GOOD RETAIL		rected On Site	R = Repeat Item			
	Good Retail Practices are preventative mea	asures to control the intr				000 10		
Paste	Safe Food and Water urized eggs used where required	COS R	X	In-use utensils:		COS R		
Vvater	and ice from approved source		X	handled	nent and linens: properly stored, dried,			
	Food Temperature Control late equipment for temperature control		X	Gloves used pro				
	ved thawing methods used nometers provided and accurate			Food and nonfoo	sils, Equipment and Vending od-contact surfaces cleanable, properly			
	Food Identification		X	Warewashing fa	ructed, and used cilities: installed, maintained, used; test			
Food	properly labeled; original container		X	strips used Nonfood-contact				
	Prevention of Food Contamination Insects, rodents, and animals not present		X	Hot and cold wa	Physical Facilities ter available; adequate pressure			
Contamination prevented during food preparation, storage and display			X		ed; proper backflow devices			
finger	nal cleanliness: clean outer clothing, hair re	straint,	Sewage and wastewater properly disposed					
	cloths: properly used and stored and vegetables washed before use		X	Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained				
Person in Charge /T	itle: A C C C C C C C C C C C C C C C C C C		X	Physical facilities	s installed, maintained, and clean Date:)		
Inspector: Felephone No. Follow-up: Yes No.								
MO 580-1814 (11-14)	MONGCAL C. DISTRIBLE	JTION: WHITE - OWNER'S COI	-0191	ANARY - FILE COPY	Follow-up Date: () - 22 -	002A E6.37		



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

TIME IN 20	TIMEOUT
DAGE Of	

ESTABLISHMEN	TNAME GEORGA ADDRESS WMAN CHALLESTON	ZIP 3834				
FŎ	DD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION	TEMP.				
AMI	MANUE COOLE	40 F				
AA	Tunch Might 35°F					
	(OVIL ?)					
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness	Correct by Initial (date)				
OM-NIG-SHOP	or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.					
	mini at the time					
	March Mis Mile					
Code Reference	CORE ITEMS Core items relate to general sanifation, operational controls, facilities or structures, equipment design, general maintenance or sanifation standard operating procedures (SSOPs). These Items are to be corrected by the next regular inspection or as stated.	Correct by Initial (date)				
10-501	standard operating procedures (SSOPs). These Items are to be corrected by the next regular inspection or as stated.	- Maria				
9. 301.	parking 10+					
10-501-	11 Floors throughout establishment are dictal					
19-501.1	I shelving in growing area is dirty with					
1 (-1	III De l'acceptant de					
6-511.	Strage dela present in vack					
	EDUCATION PROVIDED OR COMMENTS					
EDUCATION PROVIDED ON COMMENTS						
Person in Cl	narge /Title: Date: /	2020				
Inspector:	Telephone No. A FPHS No. Follow=16: D	Yes No				
(110)	4) DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY	Yes □ No (a·22-2022) E6.37A				