

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

7M51 30	TIME OUT
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	ECTION, OR SUCH SHORTER PE S FOR CORRECTIONS SPECIFIE								GULATORY AUTHORITY FAILURE TO OD OPERATIONS	COMPLY	1
ESTABLISHMENT	NAME: #3019	OWNER:	ر دجتر م	1	100	المرا م	a l		PERSON IN CHARGE:	. 1	
ADDRESS:	NAA O		, II	-/-	H	V			COUNTY: SISSIPP	ne L	
CHTY/ZIP:	(D V 3/1	PHONE:	0.1111	T.	FAX:				P.H. PRIORITY: H		
ESTABLISHMENT TYPE	Stro U3834	1 602 0	-1/-1	-							
BAKERY RESTAURANT PURPOSE	C STORE CATERION SCHOOL SENIOR		.I P. FOOD			AVERN	RY STOR		☐ INSTITUTION ☐ MOBILE VENDORS		
Pre-opening	☐ Routine ☐ Follow-up	☐ Complaint ☐	Other								
FROZEN DESSER □Approved □Disapp	Toroved Not Applicable	SEWAGE DISPO	SAL		WATE				NON-COMMUNITY □ PRIVA	Έ	
License No.	=======================================	PRIVATE							Date Sampled Results	;	
	TO BE AND THE	RISK FACT	A PROPERTY OF THE	00000	COLUMN TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	-	OF FREE PARK			130	
	preparation practices and employ- reaks. Public health intervention								control and Prevention as contributing factor	rs in	
Compliance	Demonstration of K	nowledge.	cos	R	Соп	npliance			Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, dem- and performs duties	onstrates knowledge,			IN (A TUC	I/Q N/A	Prope	er cooking, time and temperature		
(III) OLIT	Employee He	SEC. 11.					IO N/A		er reheating procedures for hot holding		
(IN OUT	Management awareness; policy Proper use of reporting, restrict						I/O N/A		er cooling time and temperatures er hot holding temperatures		
	Good Hygienic P	ractices			/IN/	TUC	N/A	Prope	er cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose						I/O N/A		er date marking and disposition as a public health control (procedures /		+
	Preventing Contaminal	ing by Lines		-			۷	recor	ds) Consumer Advisory		-
IN OUT N/O	Hands clean and properly wash				IN (TUC	N/A)		umer advisory provided for raw or		
IN OUT N/O	No bare hand contact with read	y-to-eat foods or						under	rcooked food Highly Susceptible Populations		+
IN OUT	approved alternate method pro Adequate handwashing facilitie		ļ		IN (A TUC	I/O N/A	Pasto	eurized foods used, prohibited foods not		-
111/001	accessible	.,			IIV (JU1 IN	Nic.	offere	ed		
JN OUT	Food obtained from approved s				IN (TUT	(N/A)	Food	additives: approved and properly used		-
IN OUT N/O N/A	Food received at proper temper				IN C			Toxic	substances properly identified, stored and		
IN OUT	Food in good condition, safe ar	d unadulterated						used	Onformance with Approved Procedures		
IN OUT N/O N/A	Required records available: she destruction	ellstock tags, parasite			IN (TUC	N/A)		pliance with approved Specialized Process HACCP plan		
O OUT NO	Protection from Con	tamination			The	letter to	the left of	41	tem indicates that item's status at the time	of the	
IN OUT N/A	Food separated and protected Food-contact surfaces cleaned	9. conitized			inspe	ection.	complianc		OUT = not in compliance		
IN OUT N/O	Proper disposition of returned,				N/	A = no	t applicabl	е	N/O = not observed		
IN SOT NO	reconditioned, and unsafe food						rrected Or	n Site	R = Repeat Item		
	Good Retail Practices are preven		OD RETA				ogens ch	amicals	s, and physical objects into foods.		
IN OUT	Safe Food and Water	r	COS F			OUT	ogens, en	Cillicals	Proper Use of Utensils	cos	R
	eurized eggs used where required								properly stored		
Wate	er and ice from approved source						Utensils handled		ment and linens: properly stored, dried,		
	Food Temperature Cor				V		Single-u	se/sing	lle-service articles: properly stored, used		
	quate equipment for temperature coved thawing methods used	ontrol					Gloves		openy nsils, Equipment and Vending		
	mometers provided and accurate							d nonfo	ood-contact surfaces cleanable, properly		
	Food Identification	- 5 (C) 1 (C) 10					Warewa	shing fa	tructed, and used acilities: installed, maintained, used; test		
Foor	d properly labeled; original containe	ar -				<i>y</i>	strips us		ct surfaces clean		-
	Prevention of Food Contan	ilnation							Physical Facilities		
	cts, rodents, and animals not prese				Number 1				ater available; adequate pressure		
and	amination prevented during food p display						Piumbin	y instal	lled; proper backflow devices		
	onal cleanliness: clean outer clothernails and jewelry	ng, hair restraint,					Sewage	and wa	astewater properly disposed		
Wipi	ng cloths: properly used and store					ماء			properly constructed, supplied, cleaned		
Fruit	s and vegetables washed before u	56							e properly disposed; facilities maintained es installed, maintained, and clean		
Person in Charge /	Title:	elaern	10/	h.	ë				Date: 7-13-19		
Inspector:	2/		one No.	ď	13		EPHS N		Follow-up: Yes	□ N	lo
MO 580-1814 (11-14)	a topa	DISTRIBUTION WHITE-	OWNER'S	COPY	1310		CANARY-FI		Follow-up Date: 9-4-1		E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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TIME IN 30	TIME QUILY 5
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ESTABLISHMEN	TNAME Dollar Fen	ADDRESS	A	CITY	ZIP 7 CAT	
			Main	Charleston	6383	
FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION				LOCATION	TEMF	
and the			The second of th			I VOUNTE
Code Reference	Priority items contribute directly to the elir or injury. These items MUST RECEIVE I	PRIC nination, prevention or r MMEDIATE ACTION w	ORITY ITEMS reduction to an acceptable level, hazards a lithin 72 hours or as stated.	ssociated with foodborne illness	Correct by (date)	Initial
6-501-1			ruxy to buck for		8-16	
	14	1.				
		=				
						5
Code Reference	Core items relate to general sanitation, or	perational controls, facili	ORE ITEMS tiles or structures, equipment design, gener	al maintenance or sanitation	Correct by (date)	Initial
6 301 11			corrected by the next regular inspection	n or as stated.	9-4	
0	Missing (elling				101	
6-304	I Expansi for	not work	Sinc		9-4	
	7.11.4.1.3.1.1					
10 501 1	Water damage	co north	mull of payme	Opn	94	
6-501	14 Trash along			exterior	9-61	
9 5 0.	The state of the s	101 (01 00)	Octivities.	100		
	(h)					
	W.					
					× 7	
-						
		EDUCATION	PROVIDED OR COMMENTS		100 1 Ges	27 BJE
			The state of the s			
Person in Ch	arge /Title:	1) Claro	mes-	Date:	3=19	
Inspector:	21 / 21 20	Telepho	one No. DEPHS No.	Follow-up:	Yes] No
7	sert a Alloll	101/00 73	-730-1310 1126	Follow-up Date:	1-11-16	1