

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

THEN 5	TIME OUTS
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INEXT ROUTINE INSE	ECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIF PECTION, OR SUCH SHORTER PERIOD OF TIME AS MA TS FOR CORRECTIONS SPECIFIED IN THIS NOTICE M	AY BE SPEC	IFIED IN WRITING BY THE REGULA	TORY AUTHORITY FAILURE TO C	ED BY THE	E
ESTABLISHMENT NAME: OWNER: PERSON IN CHARGE:						
ADDRESS: 3 Prairie Dr. COUNTY: STREET						
Easter	East Praine 63845 BHONE 1,49-3941		FAX:	P.H. PRIORITY: H M	DIC.	
ESTABLISHMENT TYPE BAKERY RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD			GROCERY STORE INSTITUTION TAVERN MOBILE VENDORS			
PURPOSE Pre-opening	~/ _	Other		Acceptance and the second		
FROZEN DESSERT Approved Disapproved Disap				Ξ		
Disk feeters are fee			INTERVENTIONS			
toodborne illness out	d preparation practices and employee behaviors most com- breaks. Public health interventions are control measures	to prevent for	podborne illness or injury.		in .	
Compliance IN OUT	Person in charge present, demonstrates knowledge,	COS R		otentially Hazardous Foods king, time and temperature	cos	R
0	and performs duties Employee Health			eating procedures for hot holding		
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclusion		IN OUT N/O N/A Proper cool	ling time and temperatures holding temperatures		
IN OUT (N/O)	Good Hygienic Practices Proper eating, tasting, drinking or tobacco use		IN OUT NA Proper cold	holding temperatures		
IN OUT NO	No discharge from eyes, nose and mouth		IN OUT N/O N/A Time as a p	marking and disposition public health control (procedures /		
IN OUT NO	Preventing Contamination by Hands		records)	Consumer Advisory		
IN OUT (N/O)	Hands clean and properly washed		undercooke			
	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			ghly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible		iN OUT N/O N/A Pasteurized offered	I foods used, prohibited foods not		
IN OUT	Approved Source Food obtained from approved source		IN OUT N/A Food addition	Chemical ves: approved and properly used		
TN OUT N/O N/A	Food received at proper temperature			ances properly identified, stored and		
TN OUT N/Q N/A	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite destruction		IN OUT (N/A) Compliance with approved Specialized Process			
IN OUT N/A	Protection from Contamination		The letter to the left of each item in	•	f the	
(IN OUT N/A	Food-contact surfaces cleaned & sanitized	inspection.			(IIC	
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food		N/A = not applicable COS = Corrected On Site	N/O = not observed R = Repeat Item		
	GOO	OD RETAIL F		V THE PERSON OF THE		
IN OUT	Good Retail Practices are preventative measures to con Safe Food and Water	trol the introd	uction of pathogens, chemicals, and		COS R	_
	teurized eggs used where required er and ice from approved source		In-use utensils: prope			
	Food Temperature Control		handled			
	quate equipment for temperature control		Gloves used properly	rice articles: properly stored, used		
	roved thawing methods used rmometers provided and accurate			equipment and Vending Intact surfaces cleanable, properly		
	Food Identification		designed, constructed			
Food	d properly labeled; original container		strips used Nonfood-contact surfa			
	Prevention of Food Contamination cts, rodents, and animals not present		Ph	ysical Facilities allable; adequate pressure		
Cont	display		Plumbing installed; pro			
Pers	sonal cleanliness: clean outer clothing, hair restraint, ernails and jewelry		Sewage and wastewa	ter properly disposed		
Wipi	ing cloths: properly used and stored is and vegetables washed before use		Toilet facilities: proper	ly constructed, supplied, cleaned ly disposed; facilities maintained		
			Physical facilities insta	alled, maintained, and clean		
Person in Charge / Titlet Date: 9 - 9 - 9						
Inspector: Telephone No. 291 EPHS No. Follow-up: Tyes 9 No. Follow-up Date: 10 -8 - 9 No.						
MO 596-1814 (11-14)	DISTRIBUTION: WHITE - C		CANARY - FILE COPY	1001	E6:37	7



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TIMENUS	TIME OUT		
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ESTABLISHMENT NAME	Une rai	ADDRESS Prair		East Prairie	ZIP 384	15
Ambent Air (AA) left beer coder there coder neat/cheose look coder	36°F 41°F 40°F	FOOD PRODU	CT/ LOCATION	TEMP	
Code Reference Priority & or injury.	These items MUST RECEIVE I	nination, prevention or red MMEDIATE ACTION with	HTY ITEMS uption to an acceptable level, haze in 72 hours or as stated.	Sinva (xtends	Correct by (date)	Initial
	(a T+0.00+	V				
4-204,112	No therm	meter	In Egg/m EITEMS s or structures, equipment design, s	eat Cooler		Initial
5-50\.\\	operating procedures (SSOPs).	These Items are to be co	orrected by the next regular Insp	general maintenance or sameation : ection or as stated.	(date)	
6-202.14 N	o self clusi	na door	to restroor	Υ)	10-8	
5-501.13	Sumpster 1	ids are	open		10-8	
(0-501. D(A)	Dirty floo	rs Inrou		Stablishmen	10-8	
6-501.10	storage amai	nt of clu	Her in Store	and back	10-8	
4-600011 I	no be dirt	reezers (and egg/meat	cooler found	10-8	
6-501.114/8)	Trash and all	lons aling	Side of building	g and parking lot	10-8	
6-501-114 Ex	cess racks or		of building ca	a serve as pest hor	10-8 urgge	
		EDOCATION PR	CONDED ON COMMENTS	S S S S S S S S S S S S S S S S S S S	2 7019	
Person in Charge /Title	round	Telephone DISTRIBUTION: WHITE - OWNER:	083-2191 1081	Follow-up Date: 10	-19 -Yes -8-19	l No E6.37A

