

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

TIME IN	10	TIME OUT
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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 NAME: OWNER: PERSON IN CHARGE:									
ADDRESS: COUNTY:									
CHTY/ZIP: 5 - 1 C PHONE: 1 C SOLIEAY:									
ESTABLISHMENT TYPE									
BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS									
☐ Pre-opening	PURPOSE								
FROZEN DESSERT Approved Disapproved D									
Dick factors are for		CTORS A				医三氏多面上的骨架 地名法国			
Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.									
IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge	cos	R	Complian IN OUT	N/O N/A	Proper cooking, time and temperature	cos	R	
<u></u>	and performs duties Employee Health		+		N/O. N/A	Proper reheating procedures for hot holding		-	
IN OUT	Management awareness; policy present			IN OUT	N/O N/A	Proper cooling time and temperatures			
(IN) OUT	Proper use of reporting, restriction and exclusion Good Hyglenic Practices			IN OUT	N/Q N/A	Proper hot holding temperatures Proper cold holding temperatures		+	
IN OUT N/O	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth			IN OUT	N/Q N/A	Proper date marking and disposition			
114 001 140)				IN OUT	N/Q N/A	Time as a public health control (procedures / records)			
IN OUT N/O	Hands clean and properly washed			IN OUT	N/A	Consumer Advisory Consumer advisory provided for raw or			
ON TUO NI	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					undercooked food Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT	N/O N/A	Pasteurized foods used, prohibited foods not			
1	Approved Source				75.	offered Chemical			
IN OUT NO NA	Food obtained from approved source Food received at proper temperature			IN OUT	(N/A	Food additives: approved and properly used Toxic substances properly identified, stored and		-	
				114 001		used			
IN OUT N/O N/A Required records available: shellstock tags, parasite				IN OUT	N/A)	Conformance with Approved Procedures Compliance with approved Specialized Process		+	
destruction						and HACCP plan			
IN OUT N/A	Food separated and protected					each item indicates that item's status at the time of	f the		
IN OUT N/A	Food-contact surfaces cleaned & sanitized	_			in compliance				
IN OUT N/O	Proper disposition of returned, previously served,			N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item					
reconditioned, and unsafe food GOOD RETAIL PRACTICES									
IN CUIT	Good Retail Practices are preventative measures to c					emicals, and physical objects into foods.			
IN OUT Pa	Safe Food and Water steurized eggs used where required	COS	R	IN OUT		Proper Use of Utensils tensils: properly stored	cos	R	
	ater and ice from approved source					equipment and linens: properly stored, dried,			
Ad	Food Temperature Control			V	Single-us	se/single-service articles: properly stored, used		ř <u>.</u>	
	equate equipment for temperature control proved thawing methods used				Gloves	used properly Utensils, Equipment and Vending	-		
The	ermometers provided and accurate			1		d nonfood-contact surfaces cleanable, properly			
	Food Identification				Warewas	d, constructed, and used shing facilities: installed, maintained, used; test			
Foo	od properly labeled; original container			~ C	Strips use Nonfood	-contact surfaces clean			
Ins	Prevention of Food Contamination sects, rodents, and animals not present				Hot and	Physical Facilities			
Insects, rodents, and animals not present Contamination prevented during food preparation, storage and display Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices									
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				V	Sewage	and wastewater properly disposed			
Wiping cloths: properly used and stored Fruits and vegetables washed before use				1	Toilet fac	silities: properly constructed, supplied, cleaned			
				V		/refuse properly disposed; facilities maintained facilities installed, maintained, and clean			
Person in Charge /Title: Date: / D - 8 - 19									
Inspector:	Magazin	phone No.	8	019/	EPHS No		No)	
MQ 580-1814 (11-14)	DISTRIBUTION: WHITE	-OWNER'S	CORY	Zel III	CANARY - FIL	Follow-up Date:		F0 02	



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ESTABLISHMENT NAME	ADDRESS Pra	ne Dr	East Prairie	ZIP 3845
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODU		TEMP.
Code	PRIORIT	TEMS		Correct by Initial
Reference Priority items contribute directly or injury. These items MUST R	to the elimination, prevention or reduc ECEIVE IMMEDIATE ACTION within	ion to an acceptable level, hazar 72 hours or as stated.	rds associated with foodborne illness	(date)
	V			
	<u> </u>			
- 18				
Code	CORE	TEMS	May 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Correct by Initial
Reference Core items relate to general sar standard operating procedures	itation, operational controls, facilities of SSOPs). These items are to be corr	r structures, equipment design, (ected by the next regular insp		(date)
4-204.112 NO TH	on nonveter)	n egg/me	at couler	NRT
5-501.113 DUMPS	echds are	open		NRT
2-501-12(A) Dict	Chart Hora	alund Ha-	1-1-11-1 1 12-12	FALRT
2 JUNIDIA DICTO	THOUS THEOL	grider The	+ takish men	Lots T
4-601.16 2031g	y of +1122er	5 and egg	queat couler	AKI
Lebris	to be with	ATTA TIME	O Spill OF	
	<i>y</i> .			
X NICT = hIXT	routine in	section *		
		I.		
	EDUCATION PRO	VIDED OR COMMENTS		
	LDOCATION PRO	VIDEO ON GOWINENTS		WILLIAM STATE
Person in Charge /Title:	17 7 15	a (37 m)	Date: //) _ 2	2/10
Inspector:	Tologhana A	In EDUCAL	cife! 100	Voc. TV No.
MO 590, 1814 (11, 14)	Telephone North Charles	13-2191 EPHS No.	Follow-up:	Yes 🔯 No