

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

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JEVY DOLITIME MODEO	TION OF CLICH CHOOTED BEDIN		HE SPE	HEIFT	ואיטי עוויו	111111111111111111111111111111111111111	HE KEGUI	CILITIES WHICH MUST BE CORRECTI LATORY AUTHORITY. FAILURE TO CO	D BY TH	HE	
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MATERIAL SHAPE IN THE STABLISHMENT NAME: OWNER:				ESOLI IN CESSATION OF TOOK FOOD OFF				PERSON IN CHARGE:	ERATIONS.		
Dollar		COLINEY						-			
ADDRESS: 100	Pravio Do							COUNTY: SSISSIPPI			
CITYIZIP:	1100 13845	PHONE: - 13	100	FA	X:			P.H. PRIORITY: H M	À L		
ESTABLISHMENT TYPE BAKERY	C. STORE CATERER SCHOOL SENIOR CE	DELI	FOOD	H	GROCE	ERY STOP	RE 📙	INSTITUTION MOBILE VENDORS			
PURPOSE Pre-opening	N. 4		Other								
EPOZEN DESSERT	oved X Not Applicable	EWAGE DISPOS PUBLIC PRIVATE	AL	WA	TER SU COMM	JPPLY UNITY		ON-COMMUNITY PRIVATE stee Sampled Results			
	The state of the s	RISK FACT	ORS AN	DINT	ERVEN	TIONS	10 B			. 8	
Risk factors are food p	preparation practices and employee t	ebaviors most comp	nonly repo	orted to	the Cer	iters for Di	sease Cont	trol and Prevention as contributing factors	in :		
foodborne illness outbro	eaks. Public health interventions a	re control measures	to breven	LIOUGE	Complianc	000 01 111		Potentially Hazardous Foods	cos	R	
(IN OUT	Person in charge present, demons	trates knowledge,				N/Ø N/A		cooking, time and temperature			
	and performs duties Employee Health					N/O (N/A	Proper	reheating procedures for hot holding cooling time and temperatures			
IN OUT	Management awareness; policy pr	esent				N/O N/A	Proper	not holding temperatures			
IN OUT	Proper use of reporting, restriction Good Hygienic Prac	tices		/11	TUO	N/A	Proper o	cold holding temperatures	,		
IN OUT N/O	Proper eating, tasting, drinking or	obacco use				N/O N/A	Proper of	date marking and disposition a public health control (procedures /			
IN OUT N/O	No discharge from eyes, nose and			."	V 001	N/O (N/A	records				
IN OUT NO	Preventing Contamination Hands clean and properly washed	by Hands		1	TUO N	(N/A	Consun	ner advisory provided for raw or poked food			
IN OUT N/O	No bare hand contact with ready-t	o-eat foods or		1			underco	Highly Susceptible Populations			
/IN OUT	approved alternate method proper Adequate handwashing facilities s	upplied &			N OUT	N/O N/A	Pasteur	rized foods used, prohibited foods not			
	accessible Approved Source			+				Chemical		-	
OUT	Food obtained from approved sou	rce			N OUT		Food a	dditives: approved and properly used ubstances properly identified, stored and			
IN OUT NO NA	Food received at proper temperat	ure		(OUT		used			+	
IN OUT	Food in good condition, safe and Required records available: shells	unadulterated			N OUT	N/A	Compli	informance with Approved Procedures ance with approved Specialized Process		T	
IN OUT N/O N/A	destruction Protection from Conta			+				ACCP plan em indicates that item's status at the time	of the	-	
IN OUT N/A	Food separated and protected	IIIII DIGIT	22		inspectio	n.					
/IN OUT N/A	Continued P continued			IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT (NO) Proper disposition of returned, previously served,				COS = Corrected On Site R = Repeat Item							
	reconditioned, and unsafe food	GG	OOD RETA	AIL PR	ACTICE	S					
	Good Retail Practices are prevent	ative measures to co	introl the in	ntrodu	ction of p	athogens,	chemicals,	and physical objects into foods. Proper Use of Utensits	cos	R	
IN OUT	Safe Food and Water		COS F	R	IN OL	ln us	o utoneile:	properly stored			
Pas	teurized eggs used where required er and ice from approved source				1	Uten	sils, equipm	nent and linens: properly stored, dried,			
VVal				-	2	Sing	e-use/sinal	e-service articles: properly stored, used			
	Food Temperature Contequate equipment for temperature co	otrol	-		x	Glov	es used pro	perly		-	
Apr	proved thawing methods used	(100)					Uten	od-contact surfaces cleanable, properly		+	
The	ermometers provided and accurate				X	dani	anod const	ructed, and used acilities: installed, maintained, used; test	-	+	
	Food Identification				Y	strip	sused			-	
Foo	od properly labeled; original containe				1			t surfaces clean Physical Facilities	9		
	Prevention of Food Contam	ination			X	Hot	and cold wa	ater available; adequate pressure			
Ins	ects, rodents, and animals not present entamination prevented during food pr	eparation, storage			V	Plun	nbing instal	led; proper backflow devices			
and	d display rsonal cleanliness: clean outer clothic				X			astewater properly disposed			
fine	nemails and lewelry				X	Toile	et facilities:	properly constructed, supplied, cleaned			
Wi	ping cloths: properly used and stored uits and vegetables washed before us	se			X	Car	nana/refuse	e properly disposed; facilities maintained es installed, maintained, and clean			
					حلك	Phy	sicai iaciille	Date:) > - (4 - 20)	21		
Person in Charge	Fracy Killu	ر و ۱۳۵۱ - ا	phone No	00		EPH	S No.	Follow-up: Yes	4	No	
Inspector:	i Marcu	m 51	5- 60	0	2191	16	Y - FILE COPY	Follow-up Date:		E6	
MO 580-1814 (11-14)		DISTRIBUTION: WHIT	E - OWNER'S	SCOPY		CANAR	1 - FILE COPY				



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ESTABLISHMEN	TNAME CICKLER	ADDRESS P	airie	Dr	Fast	Prairie	10384	5	
FOO	OD PRODUCT/LOCATION	TEMP,	TEMP. FOOD PRODU			JCT/ LOCATION			
Code Reference	Priority Items contribute directly to the elir	PRIC	ORITY ITEMS	eptable level, hazards a	ssociated with for	dborne illness	Correct by (date)	Initial	
(Manual Contract	Priority items contribute directly to the elir or injury. These Items MUST RECEIVE I	MMEDIATE ACTION W	lthin 72 hours or	as stated.		~	The same of		
	A								
	1/0/								
			7						
Code			ORE ITEMS		G			Initial	
Reference	Core items relate to general sanitation, or standard operating procedures (SSOPs).	perational controls, facili These items are to be	ties or structures, corrected by the	equipment design, gene e next regular inspectio	ral maintenance c on or as stated.	r sanitation	(date)		
10-212.	15 Back do	or no ct		0.00	ANDE	in a L	NRI		
O dud.	1 martely s	ealth	protec	+ from	entry	VI OF	MPT		
	pists.	10	1		1				
			PROVIDED OR	COMMENTS		7 P			
ARI =	next routine msy	action.	Alote:	ple a to	MeHe	y the	establ	SMACI	
Person in Ch	harge /Title:		100		Date:	12-1	4-2	21	
Inspector:	Show filler		one No.	EPHS No.	Follow	/-up:	Yes	No	
MO 580-1814 (11-1	a Wall	DISTRIBUTION: WHITE - OW	NER'S COPY	CANARY - FILE COPY	Follow	/-up Date:	^	E6.37A	