

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

TIME IN	55	TIME OUT 36
PAGE	of =	2

NEXT ROUTINE INSPEC	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER PEI FOR CORRECTIONS SPECIFIE	RIOD OF TIME AS MA	Y BE SP	ECIF	TED IN \	WRITIN	G BY THE RE	R FACILITIES WHICH MUST BE CORRECTED IN THE CORRECT TO THE CORRECT	COMPL,	Y
ESTABLISHMENT N		OWNER:	NI NEGO		V CESS	AHON	01 1001110	PERSON IN CHARGE:		
ADDRESS: 523 E Mashimaton							COUNTY: SSISSIODI			
CITY/ZIP: 1 PULICIE 12745 PHONE: 1241				FAX: P.H. PRIORITY: ☐ H ☐ M ☐ L						
ESTABLISHMENT TYPE  BAKERY RESTAURANT	C. STORE CATERE	R DELI	FOOD		☐ GR		STORE	☐ INSTITUTION ☐ MOBILE VENDORS		
PURPOSE  Pre-opening	Routine   Follow-up		Other					_ MODILE VENDONO		
FROZEN DESSERT  Approved Disappr License No.	oved Not Applicable	SEWAGE DISPOS  PUBLIC  PRIVATE	SAL		VATER Z COM			NON-COMMUNITY Date Sampled Results		
	Marie Barrell	RISK FACT		1100						
foodborne illness outbre	eaks. Public health interventions	are control measures	to prever	nt foc	odborne	illness	for Disease C or injury.	Control and Prevention as contributing factor		
IN OUT	Person in charge present, demo		cos	R	IN OL	JT N/Q	N/A Prop	Potentially Hazardous Foods er cooking, time and temperature	COS	S R
	and performs duties  Employee Health		1	IN OUT N/O N/A		N/A Prop	er reheating procedures for hot holding			
IN OUT	Management awareness; policy Proper use of reporting, restriction							er cooling time and temperatures er hot holding temperatures		
IN OUT N/O	Good Hygienic Pro	actices			IN OUT N/A		N/A Prop	er cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking on No discharge from eyes, nose and tasks.			7	IN OUT NO NA T		N/A Time	er date marking and disposition as a public health control (procedures /		
	Preventing Contamination	on by Hands					recor	Consumer Advisory		
4	Hands clean and properly washed				undercoo			sumer advisory provided for raw or proooked food		
IN OUT N/O  No bare hand contact with ready-to-eat foods or approved alternate method properly followed							Highly Susceptible Populations	A		
IN OUT	Adequate handwashing facilities accessible				IN OU	JT N/O	N/A Paste offere			
IN OUT	Approved Sou Food obtained from approved so	urce			IN OU		N/A Food	Chemical additives: approved and properly used		
TN OUT N/O N/A	Food received at proper tempera	ture		(	IN) OU	JT C	Toxic used	substances properly identified, stored and		
IN OUT N/O N/A				IN OUT N/A Compliance with approved Specialized Process and HACCP plan						
A COURT NVA	Protection from Cont.	emination			The let	ter to th		item indicates that item's status at the time	of the	
IN OUT N/A Food separated and protected  IN OUT N/A Food-contact surfaces cleaned & sanitized			4	inspection.  IN = in compliance  OUT = not 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	GOO	DD RETA	IL PE			191,1818		-	
IN OUT	Good Retail Practices are prevent	ative measures to cont	trol the in	trodu	ction of	pathoge	ens, chemicals	Contract of the Contract of th	000	
	Safe Food and Water urized eggs used where required		OS R	-	IN O	DUT Ir	n-use utensils:	Proper Use of Utensils properly stored	cos	R
Water	and ice from approved source				X		tensils, equip andled	ment and linens: properly stored, dried,		
Adam	Food Temperature Cont				X	S	ingle-use/sing	ple-service articles: properly stored, used		
Adequate equipment for temperature control  Approved thawing methods used				×		loves used pr Ute	nsils, Equipment and Vending			
Therm	ometers provided and accurate				X			ood-contact surfaces cleanable, properly structed, and used		
	Food Identification				×		Varewashing f trips used	acilities: installed, maintained, used; test		
Food	properly labeled; original container			4		X N	lonfood-conta	ct surfaces clean Physical Facilities		
Prevention of Food Contamination Insects, rodents, and animals not present		_	X			ater available; adequate pressure				
Contamination prevented during food preparation, storage and display			X			lled; proper backflow devices				
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X			astewater properly disposed				
Wiping cloths: properly used and stored Fruits and vegetables washed before use			X	G	arbage/refuse	properly constructed, supplied, cleaned properly disposed; facilities maintained				
Person in Charge /T	itles ' O . I					X P	hysical facilities	es installed, maintained, and clean		
1 Her	mplett	Traine Co	ama M-			l ee	LIC No.	Date: //- 30 - 202		
Inspector:	Mariller	Telepho	1 OX	3-,	291		HS No.	Follow-up Date: Yes	N PA	10
MO 580-1814 (11-14)		DISTRIBUTION: WHITE -	UWNER'S CO	UHY		CAN	ARY - FILE COPY	V.		E6.37



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TIME IN	. 55	TIME OUT 30
PAGE	20f	$\supset$

ESTABLISHMENT NAME GENERAL	ADDRESS F	- Mar	shivata F	A Privil	ZIP/ 28	45
FOOD PRODUCT/LOCATION	TEMP	7 000	FOOD PRODUCT/ LOCAT	TION	TEMI	P
Ambient AVIANSalad	39°F	AA	milk cor	ler	340	F
AA meal copies	410=					
AA Cheese cooler	33°F					
Gode Gode CODILC	PRIORI	TY ITEMS			Correct by	Initial
Reference Priority items contribute directly to the eli- or injury. These items MUST RECEIVE	mination, prevention or redu MMEDIATE ACTION within	nction to an acce n 72 hours or a	eptable level, hazards associate is stated.	ed with foodborne illness	(date)	Hillian
The state of the s						
Gode	0000	ITEMS				
Reference Core items relate to general sanitation, or standard operating procedures (SSOPs).	perational controls, facilities	or structures, e	quipment design, general maint	tenance or sanitation	Correct by (date)	Initial
6-202.5 Light VS16	le at bo	Hom	of doug in	nthe Dance	NRI	
should prope	My Seal-	16 6	even entr	2/04		
plsts.		1		7		
4-leal Flours alor	0 0000	15/e	at stock a		1107	
dichy and si		13:2			MINT	
J						
1 (C. S. L. C. L. J. J. S. 18	EDUCATION PRO	OVIDED OR O	COMMENTS			72. 70
MRI = next row	one map	ectiv				
Person in Charge /Title:		SELECTION SERVICE		Date: /   2 / \	- 01.0	
Inspector:	Telephone	Non all	EPHS No.	Follow-up:	Yes 5	2 No
MARAY ITAMITAAN	1 7/3-1	112-01	1 / (OX )	Follow-up Date:		