

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

TIME IN	50	TIME OUT 30
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WITH ANY TIME LIMIT	CTION THIS DAY, THE ITEMS NOTED BELOV ECTION, OR SUCH SHORTER PERIOD OF TI S FOR CORRECTIONS SPECIFIED IN THIS I	ME AS MAY B NOTICE MAY F	RE SPEC	HEIED	INI W/RI	TING BY 3	THE RECLUA	TORY AUTHORITY, PERATIONS.	FAILURE TO	COMPLY	THE Y
ESTABLISHMENT NAME: PERSON IN CHAP							RGE:				
ADDRESS: 208 E Walnut county:							5/10/01				
[ [ [ ] ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [					FAX: P.H. PRIORITY: DH M L						
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION TAVERN MOBILE VENDORS											
PURPOSE  Pre-opening Routine Follow-up Complaint Other											
FROZEN DESSERT  Approved Disapproved Not Applicable License No.  SEWAGE DISPOSAL PUBLIC PRIVATE  WATER SUPPLY COMMUNITY NON-COMMUNITY Date Sampled Result						☐ PRIVAT					
Risk factors are food	preparation practices and employee behaviors	SK FACTOR					ooso Control	and Drayantian as a			
foodborne illness outb	reaks. Public nealth interventions are control	measures to p	prevent f	oodbor	ne iline	ss or injury	1				
IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge and performs duties		OS R		mpliance OUT N	N/O N/A	Proper cool	otentially Hazardous F king, time and tempera	ture	COS	R
<i>(6</i> )	Employee Health			IN	OUT (N	N/Q N/A	Proper reh	eating procedures for h	not holding		+
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclu	ision				NO N/A		ling time and temperatures	ures		
OUT N/O	Good Hygienic Practices			TIN	OUT	N/A	Proper cold	holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking or tobacco us  No discharge from eyes, nose and mouth	se .				I/O N/A	Proper date	marking and disposition	on ocedures /		
(	Preventing Contamination by Hands			100	_		records)	Consumer Advisory			-
Hands clean and properly washed				IN	оит	N/A	Consumer a	advisory provided for ra	aw or		
JN OUT N/O	No bare hand contact with ready-to-eat food	s or						phly Susceptible Popul	ations		
approved alternate method properly followed  (IN OUT Adequate handwashing facilities supplied &				IN OUT N/O N/A Pasteuri		Pasteurized	foods used, prohibited	d foods not			
~	accessible Approved Source			offered		offered	Chemical				
IN OUT NO NA	Food obtained from approved source Food received at proper temperature			(IN		N/A		ves: approved and prop			
				.JN	used			ances properly identifie	ed, stored and		
IN OUT N/O N/A Required records available: shellstock tags, parasit				(IN)	OUT	N/A		nance with Approved F			
	destruction	Jardono				IN/A	and HACCF		iized Piucess		
Protection from Contemination  IN OUT N/A Food separated and protected				The	letter to	the left of	each item in	dicates that item's state	us at the time	of the	
IN OUT N/A Food-contact surfaces cleaned & sanitized				inspection.  IN = in compliance  OUT = not in compliance							
IN OUT N/O	Proper disposition of returned, previously ser	ved,		N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item							
	reconditioned, and unsafe food	GOOD F	RETAIL E					The pour norm		_	
IN / OUT	Good Retail Practices are preventative measurements	res to control t	the introd	luction	of path	ogens, che			ods.		
	Safe Food and Water urized eggs used where required	cos	R	IN	OUT	In-use ut	Prope ensils: prope	er Use of Utensils	W 1 D -	cos	R
Water	r and ice from approved source			X		Utensils,	equipment a	nd linens: properly stor	red, dried,		
Food Temperature Control				X			se/single-serv	vice articles: properly st	tored, used		
Adequate equipment for temperature control Approved thawing methods used				X		Gloves u	sed properly Utensils E	quipment and Vending			
Thermometers provided and accurate				X			nonfood-coi	ntact surfaces cleanabl	e, properly		
Food Identification		-111		X		Warewas	shing facilities	s: installed, maintained	, used; test		
Food properly labeled; original container				X		Strips use Nonfood-	ed contact surfa	ices clean			
Prevention of Food Contamination  Insects, rodents, and animals not present				/		Hot and	cold water av	ysical Facilities allable; adequate press	sure		
Contamination prevented during food preparation, storage and display		- 1			X	Plumbing	installed; pro	oper backflow devices	uuru.		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry		int,		X		Sewage	and wastewa	ter properly disposed			
Wiping cloths: properly used and stored Fruits and vegetables washed before use				X				ly constructed, supplied			
				5		Physical Physical	reruse prope facilities insta	rly disposed; facilities r illed, maintained, and d	maintained lean		
Person in Charge / Title: Date: 3 - 25 - 2021											
Inspector: Telephone No. 791 EPHS-No. Follow-up:    Yes						No.	)				
MO 580-1814 (11-14)	DISTRIBUTIO	N: WHITE - OWNER	R'S COPY	11		ANARY - FIL		ow-up Date:		1	en en



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TIME IN-	TIMEOUT
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ESTABLISHMEN	IT NAME	ADDRESS	CITY		ZIP	. ~	
Fast	Prairie Hinh School	308 E	Mainut Ea	St Praine	7,321	16	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/ LOCA			TEMP.	
Ambient A CAMCLOSSIC		12171	Tomatoes/sandwh				
PILIDICI		/ / / !					
1111111	I've Wormer	77/10	/	ine cooler			
	ugair cooler	271 270r					
1-11-11	nile Cooler	-32*F					
Code Reference	Princity items contribute directly to the elig	PRICE PROPERTION OF A	ORITY ITEMS	a and the same	Correct by	Initial	
Hatsichle	or injury. These items MUST RECEIVE II	MMEDIATE ACTION W	eduction to an acceptable level, hazards associate ithin 72 hours or as stated.	ed with foodborne illness	(date)		
	hone at	+105+	IM				
Code Reference	Cota tame ratule to conved controller on	GC	DRE ITEMS		Correct by	Initial	
J. Colorollop	standard operating procedures (SSQPs).	These terms are to be	ties or structures, equipment design, general main corrected by the next regular inspection or as	tenance or sanitation stated.	(date)		
			The state of the s				
5-265.	5 Faucot on 3	MI 510	R leaking.		NKI		
			The state of the s		14114		
		EDUCATION F	PROVIDED OR COMMENTS				
	NRT - Med Kal	THO - I	of old have				
	TYPI - LISKI NOC	KTINLO I	pertin				
Person in Ch		talien		Date:	5-51		
Inspector:/	- DAGITI	achti	T EDUO N	125	200	20	
The color:	eVValia	Telepho	ne No. EPHS No.	Follow up Date:	Yes A	No	
MO 580-1814 (11-14		ISTRIBUTION WHITE OWNE	ER'S COPY CAMARY FILE CORY	Follow-up Date:			