

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

TIME IN 30	TIME OUTO
PAGE of	2

INEXT ROUTINE INSPE	CTION THIS DAY, THE ITEMS NO CCTION, OR SUCH SHORTER PE S FOR CORRECTIONS SPECIFIE	RIOD OF TIME AS M	1AY BE SF	PECI	IFIED	N WR	ITING BY 1	THE REGUL	ATORY AUTHORITY	ST BE CORRE	CTED BY	THE Y
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS. ESTABLISHMENT NAME: OWNER: PERSON IN CHARGE: TURN THE LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.								2				
ADDRESS F A D JULY & COUNTY: SISSION												
CHTY/ZIP: POWE 3845 PHONE; 35/U FAX: P.H. PRIORITY: DH M L												
ESTABLISHMENT TYPE BAKERY GROCERY STORE GROCERY STORE INSTITUTION												
RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS PURPOSE												
Pre-opening Routine Follow-up Complaint Other FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY												
□ Approved □ Disapproved □ Not Applicable □ PRIVATE □ P												
RISK FACTORS AND INTERVENTIONS												
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 Kr Person in charge present, demo		cos	R		npliano OUT	N/O N/A		Potentially Hazardous oking, time and tempe		COS	S R
(1)	and performs duties Employee Hea						N/O N/A	Proper re	heating procedures fo	r hot holding		
IN OUT	Management awareness; policy Proper use of reporting, restriction			H			N/O N/A		oling time and temperatures			
IN OUT N/O	Good Hygienic Pr	actices			IN	DUT	N/A	Proper col	d holding temperature	es		
IN OUT N/O	No discharge from eyes, nose a						N/O N/A	Time as a	te marking and dispos public health control (+
0	Preventing Contaminati				1			records)	Consumer Adviso	ory		+
IN OUT N/O	Hands clean and properly washe				IN	DUT	N/A	Consumer undercook	advisory provided for sed food	raw or		
IN OUT N/O	No bare hand contact with ready approved alternate method prop				A				lighly Susceptible Pop	ulations	4	
(IN) OUT	Adequate handwashing facilities accessible	supplied &			(IN)	OUT	N/O N/A	Pasteurize offered	ed foods used, prohibi	ted foods not		
IN OUT	Approved Sou Food obtained from approved so				(OUT	NI/A	F	Chemical			
IN OUT N/O N/A	Food received at proper tempera				IN	OUT	N/A	Toxic subs	tives: approved and postances properly ident		t	
IN OUT	Food in good condition, safe and	unadulterated							rmance with Approved			
IN OUT N/O N/A	Required records available: shell destruction			((Z	OUT	N/A	Compliand and HACC	ce with approved Spec CP plan	cialized Process	;	
OUT N/A	Frotection from Cont Food separated and protected	amination						f each item i	ndicates that item's st	atus at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned &	& sanitized				ection IN = ir	o complianc	e	OUT = not in con	npliance		
IN OUT N/O Proper disposition of returned, previously served,		reviously served,					ot applicabl orrected Or		N/O = not observ R = Repeat Item	red		
March St.	reconditioned, and unsafe food	GC	OOD RETA	AILF	RACT	ICES		-		200	al elli	
IN OUT	Good Retail Practices are prevent Safe Food and Water						hogens, ch			foods.	Loop	
	urized eggs used where required	NAME OF STREET	COS F	`	IN	OUT	In-use u	tensils: prop	per Use of Utensits erly stored		cos	R
Water	and ice from approved source							, equipment	and linens: properly s	tored, dried,		
Adequ	Food Temperature Cont uate equipment for temperature co						Single-u	se/single-se	rvice articles: properly	stored, used		
Appro	ved thawing methods used	IIIIOI					18 11 18		Equipment and Vend			
Therm	nometers provided and accurate								ontact surfaces cleana ed, and used	able, properly		
	Food Identification	To Rock					strips us	ed	es: installed, maintain	ed, used; test		
Food	properly labeled; original container Prevention of Food Contami						Nonfood	l-contact sur	faces clean Physical Facilities			
Insects, rodents, and animals not present								cold water a	vailable; adequate pre			
Contamination prevented during food preparation, storage and display									proper backflow device			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					/			rater properly dispose				
	g cloths: properly used and stored and vegetables washed before us	e			W		Garbage	e/refuse prop	erly constructed, supportly disposed; facilitie	s maintained		
Person in Charge /Title: Physical facilities installed, maintained, and clean												
Inspector: Telephone No. 201 EPHS Ng. Follow-up: Yes No.												
MD/580-1814 (11-14) DISTRIBUTION: WAITE OWNER'S CORY CANARY BUT CORY												



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

TMBIN 30	TIME OUTS 7
PAGE of	2

ESTABLISHMEN	Praine High	ADDRESS F MAINE	It East Prince	ZIP 20216		
FO	OD PRODUCT/LOCATION	TEMP. FOO	DD PRODUCT/ LOCATION	TEMP.		
ambient	Air (AAXClossetnew		Sandwhich make line	310°F		
AA TI	awsen cooler	35°F Red pepper	s/sandwich make li	0 370-		
CAVIA	1 Stoppolyn 1	750 F Apple Salle	re/salad bur	397		
Frank	order west Beamy	11 768°F				
Code Reference	Priority items contribute directly to the elim	PRIORITY ITEMS	a level hazards associated with foodborne illness	Correct by Initial (date)		
	or injury. These items MUST RECEIVE	MMEDIATE ACTION within 72 hours or as stat	e level, hazards associated with foodborne illness ted.	(oate)		
	Man (i)	10 = 1-1-1				
	More	nothe				
			-			
Code		CORE ITEMS		Correct by Initial		
Reference	Core items relate to general senitation, op- standard operating procedures (SSOPs).	erational controls, facilities or structures, equipm These items are to be corrected by the next r	ent design, general maintenance or sanitation	(date)		
	Alano O	hehar				
	1 love e	VII TIVIL				
		EDUCATION PROVIDED OR COMM	MENTS	100000000000000000000000000000000000000		
Person in Charge /Title: // / Date: // / Date: //						
	arge / Title. Sura I I F Cu	tchen kitchen li	ad Date: //- 8	-19/		
Inspector	e Macin	215-000-211	PHS No Follow-up: Follow-up Date:	Yes 🔼 No		
MO/580-1814 (11-14		DISTRIBUTION: WHITE - OWNER'S COPY CA	NARY - FILE COPY	E6.37A		