

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

TIME IN 25	TIME OUT D
PAGE / of C	\Diamond

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: Forma Building IEP Jr High OWNER: PERSON IN CHARGE OWNER:									
ADDRESS: () Mashington									
CHYVIZIP PRAISE 123845 PHONE - 36			FAX: P.H. PRIORITY: MH ML						
BAKERY RESTAURAN	□ C. STORE □ CATERER □ DEL	LI MP. FOOD	GROCERY STORE INSTITUTION TAVERN MOBILE VENDORS						
PURPOSE Pre-opening	Routine Follow-up Complaint	I TAVERIV II MODILE VENDORS							
FROZEN DESSE	RT SEWAGE DISPO	SAL	WATER SUPPLY COMMUNITY	□ NON-COMMUNITY □ PRIVAT	re				
License No.	□ PRIVATE		A COMMONT	Date Sampled Results					
			INTERVENTIONS		· / 173				
foodborne illness of	od preparation practices and employee behaviors most con atbreaks. Public health interventions are control measure	monly repor s to prevent	ted to the Centers for Dis foodborne illness or injur	sease Control and Prevention as contributing factory.	ors in				
Compliance IN OUT	Demonstration of Knowledge	COS F		Potentially Hazardous Foods	COS R				
001	Person in charge present, demonstrates knowledge, and performs duties		IN OUT N/O N/A	Proper cooking, time and temperature					
2	Employee Health		IN OUT N/OK N/A	Proper reheating procedures for hot holding					
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclusion		IN OUT N/O N/A	Proper cooling time and temperatures Proper hot holding temperatures					
1	Good Hygienic Practices		IN OUT NA	Proper cold holding temperatures					
IN OUT N/O	Proper eating, tasting, drinking or tobacco use		IN OUT NO NA	Proper date marking and disposition					
IN OUT N/O	No discharge from eyes, nose and mouth		TN OUT N/O N/A	Time as a public health control (procedures / records)					
IN/OUT N/O	Preventing Contamination by Hands Hands clean and properly washed		IN OUT N/A	Consumer Advisory Consumer advisory provided for raw or					
IN OUT N/O	No bare hand contact with ready-to-eat foods or		661	undercooked food Highly Susceptible Populations					
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied &		IN OUT N/O N/A						
Jy 001	accessible Approved Source		IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered					
TUO NU	Food obtained from approved source		IN OUT N/A	Chemical Food additives: approved and properly used					
IN OUT NO NIA	Food received at proper temperature		IN OUT	Toxic substances properly identified, stored and used					
IN OUT	Food in good condition, safe and unadulterated			Conformance with Approved Procedures					
IN OUT N/O N/A	destruction		IN OUT N/A	Compliance with approved Specialized Process and HACCP plan					
OUT N/A	Food separated and protected		The letter to the left of	f each item indicates that item's status 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 served,		N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item						
	reconditioned, and unsafe food	ODDETAIL		To Topoda Nom					
	Good Retail Practices are preventative measures to cor		PRACTICES	emicals, and physical objects into foods	ALL V				
IN OUT	Safe Food and Water	COS R	IN ØUT	Proper Use of Utensils	COS R				
	steurized eggs used where required			tensils: properly stored					
VV	ater and ice from approved source		Utensils	, equipment and linens: properly stored, dried,					
	Food Temperature Control			ise/single-service articles: properly stored, used					
	equate equipment for temperature control		Gloves	used properly					
	proved thawing methods used ermometers provided and accurate		Food ar	Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, properly					
				d, constructed, and used					
300	Food Identification		strips us						
Fo	od properly labeled; original container Prevention of Food Contamination		Nonfood	d-contact surfaces clean Physical Facilities					
Ins	ects, rodents, and animals not present		Hot and	cold water available; adequate pressure					
Co	ntamination prevented during food preparation, storage			g installed; proper backflow devices					
Pe	d display rsonal cleanliness: clean outer clothing, hair restraint,		Sewage	and wastewater properly disposed					
	gernails and jewelry ping cloths; properly used and stored		Toilet fa	cilities: properly constructed, supplied, cleaned					
	its and vegetables washed before use		Garbage	e/refuse properly disposed; facilities maintained					
Person in Charge	Titles () () () ()		Physica	facilities installed, maintained, and clean					
Person in Charge / Title: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
Inspector: Jelephone No 2191 EPHS No. Follow-up: Yes No. Follow-up Date:									
MO 580-1814 (11-14)	DISTRIBUTION: WHITE -	OWNER'S COP	Y CANARY - FI		E6:37				



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ESTABLISHMENT NAME ADDRESS ZIP								
Fema Building/EP Jr. Han 210 Nashington E	IST Prairie	TEMI	4/5					
FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/LOCATION								
Ambient Acc (AA) Walkin coder 31°F Hamburgers Island a	pwarmer	140	1					
AA Trabusen Standar Cover 30°F								
AA Standup warmer 147°F		_						
THE STATE OF THE S								
Code PRIORITY ITEMS	J. B	Correct by	Initial					
Reference Priority Items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associon injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	ated with foodborne illness	(date)						
			- 1					
Code CORE ITEMS	R. W. L. W.	Correct by	Initial					
Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general misstandard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or	intenance or sanitation as stated.	(date)						
5-501.17 Staff bathroom missing covered tras	h	NRI						
(10/211/10/10)		KIMET						
	rould	NRI						
be stored inverted.								
	Ai .							
EDUCATION PROVIDED OR COMMENTS								
* NRI = hext voltae inspection +								
Person in Charge Miller Us / Kitcher Muncock	Date://- 7-	19						
(inspector) (inspector) (Felephone No. (inspector)	Follow-up:	Yes	No					
MØ 580-1814 (11-14) DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY	Follow-up Date:		E6 27A					