

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

O C THE		TIME SUI				
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NEXT ROUTINE INSPE	CTION THIS DAY, THE ITEMS NOTE ECTION, OR SUCH SHORTER PERIO S FOR CORRECTIONS SPECIFIED	DD OF TIME AS M	1AY BE S	SPEC	IFIED I	N WRI	TING BY T	THE REGULATOR'	Y AUTHORIT	UST BE CORRECTY. FAILURE TO	COMPL	THE Y
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MA' ESTABLISHMENT NAME: OWNER: OWNER:			2/11	V Troo					RSON IN C	CHARGE:	barl	000
ADDRESS: 125 Prairie Dr.					COUNTY),	
East Praine 102845 340-8880					FAX: P.H. PRIORITY: H M D L					-		
ESTABLISHMENT TYPE ☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ SUMMER F.P.				.P.	☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDORS ☐ TAVERN ☐ TEMP.FOOD							
PURPOSE Pre-opening	Routine Follow-up	☐ Complaint [☐ Othe	er								
FROZEN DESSERT Approved Disapproved Not Applicable License No. SEWAGE DISPOSA PUBLIC PRIVATE			SAL				PPLY JNITY	□ NON-COI Date Sam	MMUNITY	☐ PRIVAT		
	A INC. COLD	RISK FAC								4.	201	5,0
foodborne illness outb	preparation practices and employee breaks. Public health interventions a	pehaviors most con re control measure	nmonly res to pre	reporte vent fo	ed to th	ne Cent ne illne	ers for Dis ss or injury	ease Control and F	Prevention as	contributing facto	rs in	
Compliance /IN OUT	Demonstration of Know Person in charge present, demonst		cos	R		npliance	1/0/N/A	Proper cooking, t	ally Hazardo		COS	S R
and performs duties Employee Health							I/O (N/A)	Proper reheating			4	-
IN OUT	Management awareness; policy pre	esent			IN	OUT N	I/O N/A	Proper cooling tir	ne and temp	eratures		
IN OUT N/O	Good Hygienic Pract Proper eating, tasting, drinking or to	ices	8		(IN)	OUT	N/A	Proper cold holdi	ng temperatu	ires		
IN OUT N/O	No discharge from eyes, nose and				IN	OUT	1/0 N/A 1/0 N/A	Proper date mark Time as a public	health contro	osition ol (procedures /		
AN OUT NO	Preventing Contamination	by Hands	0				8	records)	nsumer Advi	вогу		
IN OUT N/O Hands clean and properly washed					IN	OUT	NIA	Consumer adviso undercooked foo	d´.			
No bare hand contact with ready- approved alternate method prope		y followed			THE STATE OF THE S			THE PARTY OF	usceptible P			
Adequate handwashing facilities supplied & accessible				1	IN	001 N	I/Q N/A	Pasteurized foods offered		bited foods not		
OUT O	Approved Source Food obtained from approved source	ce			IN		(N/A)	Food additives: a				
IN OUT N/O N/A Food received at proper temperature				,	(N)	OUT		used		ntified, stored and		
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite destruction		ock tags, parasite			IN	TUC	N/A		approved Sp	ed Procedures ecialized Process		
OUT N/A	Protection from Contam Food separated and protected	ination		4			the left of	each item indicate	s that item's	status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & s	anitized			1		complianc		JT = not in co			
Proper disposition of returned, previously served, reconditioned, and unsafe food						t applicable rrected Or		O = not obse = Repeat Iter				
		Ge	OD RE	TAILF	RACT	ICES	ET SE			G. II. LIPEL SAFE		371
IN OUT	Good Retail Practices are preventation Safe Food and Water		COS	R	IN	of path OUT	ogens, che		e of Utensils	to foods.	cos	R
	r and ice from approved source				X			tensils: properly sto equipment and line		stored, dried,		
X	Food Temperature Control				X		handled Single-us	se/single-service a	ticles: prope	rly stored, used	=1===	
	uate equipment for temperature contro oved thawing methods used	ol			X			used properly Utensils, Equipm				
	nometers provided and accurate				X			d nonfood-contact s	surfaces clea			
	Food Identification				X			shing facilities: insta		ined, used; test		
Food	Food properly labeled; original container Prevention of Food Contamination					X		-contact surfaces c	lean Facilities	307 20 30 30 30 00		
Insect	Insects, rodents, and animals not present Contamination prevented during food preparation, storage				X			cold water available	e; adequate i			
and display Personal cleanliness: clean outer clothing, hair restraint,					X			g installed; proper t				
finger	ernails and jewelry ing cloths: properly used and stored				X			and wastewater pro				
Fruits	Fruits and vegetables washed before use				X	V	Garbage	cilities: properly con refuse properly dis	posed; facili	ties maintained		
Person in Charge /Title: Date:												
Inspector:	Marcum	Teleph	one No	3-	24	7)	EPHS No	Follow-up		Yes 7	D N	0



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ESTABLISHMEN	nily Dollar	ADDRESS 25	Prairie Dr.	East Pravie	ZIP 384	5
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUC	CT/ LOCATION	TEMP.	
Code		PRI	ORITY ITEMS		Correct by	Initial
Reference	Priority items contribute directly to the eli- or injury. These items MUST RECEIVE I	nination, prevention or r MMEDIATE ACTION w	eduction to an acceptable level, hazar rithin 72 hours or as stated.	ds associated with foodborne illness	(date)	
0.501.1	11 Mice and	feces	present in	Storage	6-15	
	area. and			0		
		T				
				-		
- Au		- Effe.		4		
*		10				
Code Reference	Core items relate to general sanitation, op- standard operating procedures (SSOPs).	Çı perational controls, facil	ORE ITEMS lites or structures, equipment design, g	eneral maintenance or sanitation	Correct by (date)	nitial
0.0	standard operating procedures (SSOPs).	These items are to be	corrected by the next regular inspe	ection or as stated.		
g- 10d.	Completely	Fo DI	real door do	est redents	7-7	
	Back door b	y office	doesn't sco	I congetely.		
0-501.		ind de	bns alongs	de of	7-7	
	building		J			
Sto	ce will reppen	EDUCATION	PROVIDED OR COMMENTS	of mich fec	es 1/1	Š
BOEN	ced fingle star	an hoe	THE PEST C	entrolhos	- Fus	
Person in Ch Inspector:	narge / little;	DOV	one No.	Date:	- 202 Yes , 🗆	No
Topeoto.	1 - VIIA TAILINA	Leighlic	1000-191	Follow-up Date:	- 168 L	21