

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

TIME IN OO		TIME OUT 50
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WITH ANY	WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.												
ESTABLISHMENT NAME:  OWNER:  PERSON IN CHARGE:													
ADDRE	ADDRESS: 2460 E HWW 60												
CHYZII	CHTY/ZIP: LESTON 13834 PHONE: - 4153 FAX: P.H. PRIORITY: - H.ZM - L							L					
☐ BAH	ESTABLISHMENT TYPE  BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION  BESTALIPANT C. SCHOOL CENTER DELI GROCERY STORE MORILE VENDORS												
PURPOSE	RESTAURANT SCHOOL SENIOR CENTER TEMP, FOOD TAVERN MOBILE VENDORS  PURPOSE Pre-opening Routine Follow-up Complaint Other												
	FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY												
License N	□ Approved □ Disapproved □ Not Applicable License No. □ PRIVATE □ PRIVATE □ PRIVATE □ PRIVATE												
			Total III	RISK FA	240	- HI	THE PARTY NAMED IN		III SAN TAN	7 7 1 7			
			preparation practices and employ eaks. Public health intervention								ol and Prevention as contributing facto	rs in	
Compliance	e	o outbro	Demonstration of I		COS			npliance			Potentially Hazardous Foods	CO	S R
IN OUT			Person in charge present, dem	onstrates knowledge,			IN	A)TUC	I/O N/A		oking, time and temperature		
			and performs duties Employee H	aalth		+	INI	OLITA	I/O N/A	Proper re	heating procedures for hot holding	-	-
(IN OUT			Management awareness; police						I/O N/A		oling time and temperatures		
IN OUT			Proper use of reporting, restric	tion and exclusion			JN	OUT/N	I/O N/A	Proper ho	t holding temperatures		
$\simeq$			Good Hygienic F				(N)		N/A		d holding temperatures		
IN OUT	N/O		Proper eating, tasting, drinking No discharge from eyes, nose		-	-			I/O N/A I/O N/A		te marking and disposition public health control (procedures /		
N GOT	N/O		No discharge from eyes, nose	and mouth				JU1 N	I/O IN/A	records)	public fleatiff control (procedures /		
6			Preventing Contamina				0				Consumer Advisory	Į.	
IN OUT	N/O		Hands clean and properly was	hed			(IN)	TUC	N/A	Consumer undercook	r advisory provided for raw or		
IN OUT	N/O		No bare hand contact with read								lighly Susceptible Populations		
IN OUT			approved alternate method pro Adequate handwashing facilitie		-		(INC)	OLIT N	I/O N/A	Pontouriza	ed foods used, prohibited foods not	-	_
11001			accessible	es supplied &			0	001 1	I/O IN/A	offered	ed 100ds dised, proffibiled 100ds flot		
			Approved So	and the contract of the contra			1			V 1	Chemical		
IN OUT	MIO.	N/A	Food obtained from approved				LIN		N/A		tives: approved and properly used		
IN OUT	IN/O	N/A	Food received at proper temper	erature			IN	001		used	stances properly identified, stored and		
IN OUT	NUC		Food in good condition, safe a				INI	OLIT	AUA	Confo	rmance with Approved Procedures be with approved Specialized Process	1	
IN OUT	N/Q I	WA	Required records available: sh destruction	elistock tags, parasite			IN	001	(N/A)	and HACC			
_			Protection from Co.	ntamination			The	letter to	the left o	f each item	indicates that item's status at the time	of the	
IN OUT		N/A	Food separated and protected				insp	ection					
(IN OUT N/A Food-contact surfaces cleaned & sanitized IN = in compliance N/A = not applicable			OUT = not in compliance N/O = not observed										
IN OUT	IN COURT NOW / PRODUCT OF THE CONTROL OF THE CONTRO		R = Repeat Item										
		_	reconditioned, and unsafe food		OOD RE	TÁIL	DACT	IOES:				_	
	_		Good Retail Practices are preve						ogens, ch	emicals, and	physical objects into foods.	_	
IN (	TUC		Safe Food and Water		cos	R	IN	OUT			per Use of Utensils	cos	R
X			urized eggs used where required	li .			X			tensils: prop			
1		Water	and ice from approved source				V		Utensils handled		and linens: properly stored, dried,		
- 1 -			Food Temperature Co	ntrol			Ê				ervice articles: properly stored, used		
		Adequ	rate equipment for temperature of				X			used proper			
			ved thawing methods used								Equipment and Vending		
		Therm	nometers provided and accurate				X				contact surfaces cleanable, properly ed, and used		
			Food Identification								es: installed, maintained, used; test		
							$\triangle$		strips us				
		Food	properly labeled; original contain Prevention of Food Contain				X		Nontood		rfaces clean Physical Facilities	-	-
		Insect	s, rodents, and animals not pres				X		Hot and		available; adequate pressure		
Contamination prevented during food preparation, storage					1		Plumbin	g installed;	proper backflow devices				
	and display  Personal cleanliness: clean outer clothing, hair restraint,  Sewage and wastewater properly disposed												
1	fingernails and jewelry												
1/	Wiping cloths: properly used and stored  Toilet facilities: properly constructed, supplied, cleaned  Fruits and vegetables washed before use  Garbage/refuse properly disposed; facilities maintained												
A		ruits	and vegetables washed before t	JSE			^	V			perly disposed; facilities maintained stalled, maintained, and clean		
Person	in Cha	arge /T	itle:	2,_			•		,,,,,,,,,,		ite: 0 15 - 202	1	-
Inspecto	Inspector: Telephone No. 201 EPHS No. Follow-up: Yes No.												
mspecie	in	10	March	n 51	3-7	42	-21	911	108	/ Fo	illow-up Date:	×	
MO 580-181	4 (11-14)			DISTRIBUTION: WHITE	E – OWNER	S'S COPY			CANARY - F	LE COPY			E6:37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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ESTABLISHMEN	DDPRODUCT/LOCATION	ADDRESS 2460 F	HWU 100 FOOD PRODUCT	Charlestan	ZIP 7854
UFO	DEAPRODUC (/LOCATION	TEMP	FQDD PRODUCT	LOCATION	TEMP
Code	(Watchington Company)	PRIORITY	TEMS		Correct by Initial
Reference	Priority items contribute directly to the elic or injury. These Items MUST RECEIVE I	MMEDIATE ACTION within 72	hours or as stated.	associated with toogbome lilness.	(date)
	Porrec	+100			
	LOTTEL	1201			
					- 1
Code Reference	Core items relate to general sanitation, of standard operating procedures (SSOPs)	CORE ITE perational controls, facilities or s These items are to be correc	tructures, equipment design, gen	eral maintenance or sanitation ion or as stated.	Correct by Initial (date)
4-204.	120 severe 1	ce build	in in Walle	0 freezer	NRI
	2 22 4 2 4 2		7	3	
			DED OR COMMENTS		
	MRI = MIXT Y	outre ins	pectrum	I Date: - C	
Person in Ch Inspector:	arge /Title:	Telephone No.	EPHŞ No.,	Date: 9 - 15 Follow-up: □	- 202 \ Yes ☑ No
MO 580-1834 (11-14	die Marcus	DISTRIBUTION: WHITE - OWNER'S COP	3-21911 11081	Follow-up Date:	1 es 100