

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

TIME IN O		TIME OUS O		
PAGE	of	3		

NEXT ROUTINE INS	SPECTION, OR SUCH SHORTER PERI	OD OF TIME AS MA	Y BE SPE	CIFIED	N WRIT	ING BY T	ONS OR FACILITIES WHICH MUST BE CORRECT THE REGULATORY AUTHORITY. FAILURE TO		
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESTABLISHMENT NAME: OWNER:			AT RESUL	LINOL	334110	NOI TO	PERSON IN CHARGE:		
ADDRESS: 294 DUCK CICCLE				COMMITYSSISSIPPOI					
East Plaine 68845 PHONES-600				P.H. PRIORITY: X H M L					
BAKERY RESTAURAN	☐ C. STORE ☐ CATERER		P. FOOD		GROCE	RY STOR	RE INSTITUTION MOBILE VENDORS		
PÜRPOSE Pre-opening	Routine Follow-up	☐ Complaint ☐	Other						
FROZEN DESSE	approved Not Applicable	SEWAGE DISPOS PUBLIC PRIVATE	SAL	WATI	OMMU	PPLY	☐ NON-COMMUNITY ☐ PRIVATE Date Sampled	E	
Esta III		RISK FACT	ORS AN	DINTE	RVENT	IONS	Date complete Treesant	TAY.	
Risk factors are for foodborne illness or	od preparation practices and employee utbreaks. Public health interventions	behaviors most com are control measures	monly rep to preven	orted to to	ne Cente ne illnes	ers for Dis	sease Control and Prevention as contributing factory.		
Compliance IN OUT	Person in charge present, demon		cos		mpliance OUT N	O N/A	Proper cooking, time and temperature	COS	R
IN OUT	and performs duties Employee Heal				OUT (N		Proper reheating procedures for hot holding Proper cooling time and temperatures		
IN OUT	Management awareness; policy p Proper use of reporting, restriction	and exclusion		IN (OUT N	O N/A	Proper hot holding temperatures		
IN OUT N/O	Good Hygienic Pra- Proper eating, tasting, drinking or	tobacco use		INC	OUT N		Proper cold holding temperatures Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and			IN	OUTCN	(O) N/A	Time as a public health control (procedures / records)		
IN OUT N/O	Hands clean and properly washed			(IN)	OUT	N/A	Consumer Advisory Consumer advisory provided for raw or undercooked food		
IN OUT (NO)	No bare hand contact with ready- approved alternate method prope						Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities saccessible			(IN)	OUT N	/O N/A	Pasteurized foods used, prohibited foods not offered		
N OUT	Food obtained from approved sou			(IN)	OUT	N/A	Food additives: approved and properly used		
IN OUT N/O N/A				IN	OUT)		Toxic substances properly identified, stored and used		
IN OUT N/O N/A Required records available: shellstock to destruction				IN	OUT	N/A)	Conformance with Approved Procedures Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Protestion from Conta	mination		The	e letter to	the left o	of each item indicates that item's status at the time	of the	
IN OUT N/A Food separated and protected IN OUT N/A Food-contact surfaces cleaned & sanitized		sanitized				complian			
IN OUT N/O Proper disposition of returned, previously serve reconditioned, and unsafe food						t applicab rrected O			
		GØ	OD RETA			ogone of	nemicals, and physical objects into foods.	- X	
IN OUT	Safe Food and Water		COS R		OUT		Proper Use of Utensils	cos	R
	asteurized eggs used where required /ater and ice from approved source			- V	X	Utensils	utensils: properly stored s, equipment and linens: properly stored, dried,		
	Food Temperature Contr				X		use/single-service articles: properly stored, used		
	dequate equipment for temperature con pproved thawing methods used	trol		X		Gloves	used properly Utensils, Equipment and Vending		
	hermometers provided and accurate				X		nd nonfood-contact surfaces cleanable, properly ed, constructed, and used		
× -	Food Identification	3-20		X	/\	Warewa strips u	ashing facilities: installed, maintained, used; test		
X F	ood properly labeled; original container			1	X		d-contact surfaces clean		
X Insects, rodents, and animals not present			X		Hot and	Physical Facilities d cold water available; adequate pressure			
Contamination prevented during food preparation, storage and display			X			ng installed; proper backflow devices			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X			e and wastewater properly disposed			
V	Viping cloths: properly used and stored			X		Toilet fa	acilities: properly constructed, supplied, cleaned ge/refuse properly disposed; facilities maintained		
F	ruits and vegetables washed before use				X	Physica	al facilities installed, maintained, and clean		
Person in Charge /Title: Veronica Salazav. Date: 1-13-2022									
Inspector: Telephone No. 2191 EPHS No. Follow-up: Yes No. Follow-up Date: 1.18-2023									
MO-580-1814 (11-14) MO-580-18									



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

TIMEINO	TIME OUT
PAGE 2 of	2

ESTABLISHMENT NAME	ADDRESS LI	AL PROPERTY	CITY DOLL OF	# 3811G		
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	LOCATION	TEMP.		
Ambent Ar (AA) salsa Cooler AA True retrigerator AA walk-m cooler	41°F B	vet, Chicken, Shamp	Cooler under grill can well under in cooler / walk- in cooler	39°F 125°F 44°F		
Pico de agallo/makeline cools	1 39°F	THE COURT OF THE COURT	1 water 11 con			
Code Reference Priority items contribute directly to the ell or injury. These items MUST RECEIVE	mination, prevention or red	ITY ITEMS uction to an acceptable level, hazards a in 72 hours or as stated.	associated with foodborne illness	Correct by Initial (date)		
7-102.11 Unlabeled S	Dray bottle	s under teo	machine.	1/18 BR		
4-101.11 Short corrade corr	Harnens	apods stored	In non-			
4-202-11 Some larger Woon	rable chip	containens r	notted / damag			
3-50/10 White avera	a storming	1011 0125° - 5	Barnwell			
FORMS TO ENSUR	1 Shroots	Somey in	mall of			
me bereyood 1164-6	3 0 3	nt on table	across from			
Code Reference Core Items relate to general sanitation, o standard operating procedures (SSOPs) 3-304,/2 TCC SCOVIS COUNTY OF THE YEAR OF	perational controls, facilities	EITEMS sor structures, equipment design, general process of structures, equipment design, equipme	on or as stated.	Correct by (date) Initial		
3-402.11 Unabeled spices.	bulk cont	aners of ric	e and	1962		
4704-60,11(1) Plastic he on bulk r	l cracked ce conta	broken And a	luct taped c	71000		
4-305.11 Taco shells	are being	Stored unco	overed.	2/12/22		
4-305.11 Shring and Stored uncov		valle in cooler o	are being	2/0/20		
4-904. N Single Service	e items	are not be	ng stored .	SOCK		
DISCUSSED STORAGE OF MOD.						
Person in Charge /Title: Veronico	Salaza		Date: / - / 3 -	2022		
Inspector: Ma7cum Ma 560, 1914 (11-14)	Telephone	83 -19 /1861	Follow-up: DX Follow-up Date:	Yes □ No		



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

TIMEINOO	TIME OUT
PAGE Of	3

ESTABLISHMENT NAME	ADDRESS 94 DUCK	· Crole	Fast Prairie	ZIP 3845	
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	LOCATION	TEMP.	
					-4
				Į.	
Code	PRIORITY ITEMS	S	experience with Equilibrium III proper		itial
Reference Priority items contribute directly to the eli or injury. These Items MUST RECEIVE	IMMEDIATE ACTION within 72 hou	rs or as stated.	ssociated with roodborne illness	(date)	
35011 1-tomas Donner	ACUTE TO COM	N WORK	a monte,	MEDS	
W/7-Jan disc	and date (4	to opened +1	of wh		
0	162		~ _		
	w)				
			,		
Code	CORE ITEMS	2 - w 2 - 2	3 10	Correct by Initi	ial
Reference Core items relate to general sanitation o standard operating procedures (SSOPs)	These items are to be corrected by	by the next regular inspection	n or as stated.	(date)	
4-601.11(C) Fan in R	teven area 1	S Solled Wr	the deby's	2-10	\dashv
4601.11(c) Outside 0	f equipment	such as d	ishwasher	2-10	
and true re	frigerator in	var avea	15 chrty.		-1
	grink agea			2-10	
Sponge in 14.	Handsinks a	re tor hano	ludishing only		
6-301.12 No paper to	uels at ha	ndsink.		2-10	
4-501014 Clutter ber	g stored out v	Dack Should	I be cleaned	2-10	
up to preven	t pest hart	orage.			
4-501.11 Standing Wat	er in bottom	of makeil	Me cooler	2-10	
and water 1	eaking in u	valk-in co	ler.		
Deter boots (unot 14.100.6	& Someteor on		mr m	2/0/20	
	EDUCATION PROVIDED	OR COMMENTS			
Person in Charge /Title:	a Salazak Telephone No.	EPHS No.	Date: / - /3 -	2022 Yes □	No