

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

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INCVI KOOTINE IN	PECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIL SPECTION, OR SUCH SHORTER PERIOD OF TIME AS M MITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE N	IAY BE SPE	CIFIED IN	I WRITING BY T	HE REGULATORY ALITHOPITY FAILURE TO	COMPLY	HE
ESTABLISHMENT NAME: OWNER:				PERSON IN CHARGE:			
ADDRESS: COUNTY: SS: CV							
CITY/ZIP: (3834) PHONE: - (0) (0)				FAX: P.H. PRIORITY : D.H D M D L			
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS							
PURPOSE Pre-opening		Other		VLIM	☐ MOBILE VENDORS		
FROZEN DESSERT Approved Disapproved Not Applicable License No. PRIVATE SEWAGE DISPOSAL DISP							
				VENTIONS		1 0	w 1
roodborne liiness o	ood preparation practices and employee behaviors most com- utbreaks. Public health interventions are control measures	s to prevent	rted to the foodborne	Centers for Disc illness or injury	ease Control and Prevention as contributing factors	ors in	
Compliance IN OUT	Person in charge present, demonstrates knowledge, and performs duties	cos		UT N/O N/A	Proper cooking, time and temperature	cos	R
(IN) OUT	Employee Health			UT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclusion		JN-O	UT N/O N/A	Proper cooling time and temperatures Proper hot holding temperatures		
IN OUT N/O	Good Hygienic Practices Proper eating, tasting, drinking or tobacco use		IN O	UT N/O N/A	Proper cold holding temperatures Proper date marking and disposition		
IN JOUT N/O	No discharge from eyes, nose and mouth		AM O	UT N/O/N/A	Time as a public health control (procedures / records)		Т
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed		(IN)o	UT N/A	Consumer Advisory Consumer advisory provided for raw or		
IN OUT N/O	No bare hand contact with ready-to-eat foods or				undercooked food Highly Susceptible Populations		-
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied & accessible		(IN)O	UT N/O N/A	Pasteurized foods used, prohibited foods not		
(II)	Approved Source				offered Chemical		
IN OUT N/O N/A	Food obtained from approved source Food received at proper temperature		O NI		Food additives: approved and properly used Toxic substances properly identified, stored and		
IN OUT Food in good condition, safe and unadulterated					Conformance with Approved Procedures		
IN OUT N/O N/A	destruction		IN O	UT (N/A	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Food separated and protected		The le	tter to the left of	each item indicates that item's status at the time	of the	
JN OUT N/A Food-contact surfaces cleaned & sanitized				l = in compliance			
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food			N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item				
	GO	OD RETAIL				41.0	
IN OUT	Good Retail Practices are preventative measures to con Safe Food and Water	COS R		DUT COURT	Proper Use of Ulensils	COS F	7
	asteurized eggs used where required ater and ice from approved source		X		ensils: properly stored equipment and linens: properly stored, dried,		
	Food Temperature Control		X	handled			
Ad	dequate equipment for temperature control		1 X		se/single-service articles: properly stored, used sed properly		
	proved thawing methods used ermometers provided and accurate			Food and	Utensils, Equipment and Vending nonfood-contact surfaces cleanable, properly		
	Food identification		X	designed	, constructed, and used		
Food properly labeled; original container			X	strips use	shing facilities: installed, maintained, used; test ed		
Prevention of Food Contamination					Physical Facilities		
Insects, rodents, and animals not present Contamination prevented during food preparation, storage			X		cold water available; adequate pressure installed; proper backflow devices		
and display Personal cleanliness: clean outer clothing, hair restraint,			X		and wastewater properly disposed		
fingernails and jewelry Wiping cloths: properly used and stored			X		ilities: properly constructed, supplied, cleaned		
Fruits and vegetables washed before use			X	Garbage/	refuse properly disposed; facilities maintained		
Person in Charge /Title: Date:							
Inspector: Telephone No.5 9 EPHS No. Follow-up: Yes No.							
MO 580-1814 (11-14)	DISTRIBUTION: WHITE-	OWNER'S COP	Y 11/	CANARY - FILE	Follow-up Date:	FR	37



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ESTABLISHMENT NAME	ADDRESS	Main	Madestra	ZIP 28-	24
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT	LOCATION	TEMP	
Code					
Reference Priority items contribute directly to the et or injury. These items MUST RECEIVE	PRI mination, prevention or r IMMEDIATE ACTION w	ORITY ITEMS eduction to an acceptable level, hazards ithin 72 hours or as stated.	associated with foodborne illness	Correct by (date)	Initial
4-1-014(C) Re OCID	- II				
Trong or De priby	sty Her	n corrected			
	J				
Code	CC	DRE ITEMS		Correct by	Initial
Reference Core items relate to general sentiation, o standard operating procedures (SSOPs).	perational controls, facilis	lies or structures, equipment design, peny	eral maintenance or sanitation on or as stated.	(date)	
4-601, 1/c Boverno		and the first	1 1 1 2	MD	
The stage	Seal to	leter has too	al albas	NRL	
	oca .		À -,		
4-60,11(c) Tradise	n Stand	Up truter	res food	NRI	
delons					
+ MRT = NO	EDUCATION F	PROVIDED OR COMMENTS	/	v 10-7-17	STEE
7	/	2 1 J - 51 104 C			
Person in Charge / Title:	10		Date:	2020	
Inspector:	Felepho	ne No	Follow-up:	Yes 💆	No
MQ 580-1814 (11-14)	DISTRIBUTION: WHITE - OWN	R'S COPY CANARY - FILE COPY	Follow-up Date:		E6.37A