

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

THE INS	(NA)	TIME OUT
PAGE	of 2	

WITH ANY TIME LIMIT	CTION THIS DAY, THE ITEMS NOTE ECTION, OR SUCH SHORTER PERIO IS FOR CORRECTIONS SPECIFIED I	N THIS NOTICE	/AY BE !	SPECI	FIFD	IN WR	ITING BY T	THE REC	SULATORY AUTHORIT DO OPERATIONS.	Y. FAILURE TO	COMPL	Y THE Y
ESTABLISHMENT	2014/2010/201	OWNER:		in The					PERSON IN C	PERSON IN CHARGE:		
ADDRESS:	11 S. Mair		De Tel						COUNTY:	ivoi		
CITY/ZIP:	m 63834	PHONE:	0		FAX	:			P.H. PRIORITY	N H D	м 🗆 І	
BAKERY C. STORE CATERER DEL				DD		GROCI AVER	ERY STOP		INSTITUTION MOBILE VENDORS	1		
☐ Pre-opening	☐ Routine ☐ Follow-up	☐ Complaint	☐ Othe	er								
FROZEN DESSER □Approved □Disap License No.	proved I Not Applicable	EWAGE DISPO 1 PUBLIC 1 PRIVATE	- 2010/07/)	¢ c	ОММ	IPPLY UNITY		NON-COMMUNITY Date Sampled		ΓΕ s	
Diek festere en fes	Para Para Para Para Para Para Para Para	RISK FAC									40.75	
toodborne illness out	preparation practices and employee breaks. Public health interventions ar	ehaviors most cor e control measure	mmonly r	reporte vent fo	d to the	ne Cen ne illne	ters for Dis	ease Co	ntrol and Prevention as	contributing facto	rs in	
Compliance	Demonstration of Know	/ledge	cos		Co	mpliance	9	- 0	Potentially Hazardou		COS	S R
IN OUT Person in charge present, demonstrates knowledge, and performs duties				IN OUT N/O N/A Proper cooking		cooking, time and temp	erature					
IN OUT	Employee Health				IN OUT N/O N/A Proper reheating procedures for hot h							
IN OUT	Management awareness; policy pre Proper use of reporting, restriction a	esent and exclusion	+				N/O N/A					
	Good Hygienic Practi	ces			IN	OUT	N/A	Proper	cold holding temperatur	res		
IN OUT N/O	Proper eating, tasting, drinking or to No discharge from eyes, nose and r						N/O N/A		date marking and dispo			
					IIN	0011	N/O N/A	records	s a public health control	(procedures /		
IN OUT N/O	Hands clean and properly washed	Preventing Contamination by Hands Hands clean and properly washed			IN	OUT	N/A		Consumer Advis mer advisory provided for			
IN OUT N/O	No bare hand contact with ready-to-eat foods or						underd	ooked food Highly Susceptible Po	pulations.			
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied &			IN OUT N/O N/A		Pactou	A 10 10 10 10 10 10 10 10 10 10 10 10 10					
	accessible Approved Source						offered	rized foods used, prohib	onted loods not			
IN OUT	Food obtained from approved source				IN OUT N/A Food additive		dditives: approved and p	properly used				
IN OUT N/O N/A	Food received at proper temperature			.(Toxic s used	ubstances properly iden	itified, stored and			
IN OUT	Food in good condition, safe and unadulterated				Con			Co	nformance with Approve			
IN OUT N/O N/A	Required records available: shellsto destruction Protection from Contami				IN OUT N/A Compliance with approved Specialized Process and HACCP plan							
IN OUT N/A	Food separated and protected	Hallun		+-1			the left of	f each ite	m indicates that item's s	status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sa	anitized	-	-	inspection, IN = in compliance OUT = not in compliance							
IN OUT N/O	Proper disposition of returned, previ		-		N/A = not applicable N/O = not observed							
	reconditioned, and unsafe food						inected Or	I Site	R = Repeat Item	1		
	Good Retail Practices are preventative	GC re measures to co	DOD RE	Introd	RACT	of path	ogone ob	omicola	and physical phicats into	in the state of		
IN OUT	Safe Food and Water	re measures to co	COS	R	IN	OUT	logens, chi		Proper Use of Utensils	0 100ds,	COS	R
	eurized eggs used where required and ice from approved source							tensils: p	roperly stored			
vvate	11						Utensils, handled	equipme	ent and linens: properly	stored, dried,		
Ada	Food Temperature Control						Single-u		-service articles: propert	ly stored, used		
	uate equipment for temperature contro oved thawing methods used	01					Gloves L	ised prop	perly ills, Equipment and Vend	Hina		
	mometers provided and accurate							d nonfoo	d-contact surfaces clear			
	Food Identification	Salting 1							ucted, and used illities: installed, maintair	ned used test		
-							strips us	ed		ica, asea, test		
Food	properly labeled; original container Prevention of Food Contaminati	on			~		Nonfood	-contact	surfaces clean Physical Facilities			
	ts, rodents, and animals not present						Hot and	cold wate	er available; adequate p	ressure		
	amination prevented during food prepailisplay	ration, storage					Plumbing	g installe	d; proper backflow device	ces		
Perse	onal cleanliness: clean outer clothing, h mails and jewelry	nair restraint,					Sewage	and was	tewater properly dispose	ed		
Wipir	ng cloths: properly used and stored								operly constructed, supp			
Fruit	and vegetables washed before use						Garbage	refuse p	roperly disposed; facilities	es maintained		
Person in Charge /	Person in Charge /Title: Physical facilities installed, maintained, and clean Date: 1/2 - 9 - 1/8											
Inspector:	hand (dal	Teleph	one No	2/0	»):		EPHS No)	Follow-up: Follow-up Date:	N	PN	0
MO 580-1814 (11-14)	70	ISTRIBUTION: WHITE	OWNER'S	COPY			GANARY - FIL		The Date.			E6.37



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PAGE 7 of 7	- In an

ESTABLISHMEN	T NAME	ADDRESS	11cins)	Charleston	ZIP GT83	4	
FO	OD PRODUCT/LOCATION	TEMP	FOOD PRODUCT/ L		TEM		
			Assembly and a second s				
Code Reference	Priority items contribute directly to the elir or injury. These items MUST RECEIVE I	PRIC mination, prevention or r MMEDIATE ACTION w	ORITY ITEMS reduction to an acceptable level, hazards as ofthin 72 hours or as stated.	sociated with foodborne illness	Correct by (date)	Initial	
7-207.11	Converted		THE PERSON NAMED OF THE PERSON NAMED IN COLUMN				
Code		CC	DREITEMS		Correct by	Initial	
Code Reference	Core items ralata to general sentiation, of standard operating procedures (SSOPs).	CC perational controls, finally These items are to be	DRE ITEMS ties or structures, equipment design, general corrected by the noxt regular inspection	al maintenance or sanitation n or as stated.	Correct by (date)	Initial	
Reference	Core items rolate to general semilation, of standard operating procedures (SSOPs).	CC rerational controls, fncil These items are to be	ORE ITEMS ties or structures, equipment design, general corrected by the noxt regular inspection	al maintenance or sanitation n or as stated.	Correct by (date)	Initial	
5-305_ 4-00 . c		CC rerational controls, fnoi!! These items are to be	ORE ITEMS ties or structures, equipment design, general corrected by the noxt regular inspection	al maintenance or soultation n or as stated.	Correct by (date)	Initial	
Reference		cerational controls, final These items are to be	ORE ITEMS ties or structures, equipment design, general corrected by the noxt regular inspection	al maintenance or sanifation n or as stated.	Correct by (date)	Initial	
5-305 4-00 3-304 4-501		cerational controls, from These items are to be	DRE ITEMS ties or structures, equipment design, general corrected by the noxt regular inspection	al maintenance or soullation or as stated.	Correct by (date)	Initial	
5-305_1 4-001.16 3-304.14 6-501.171	Corverted	erational controls, fical These items are to be	DRE ITEMS ties or structures, equipment design, general corrected by the next regular inspection	al maintenance or sanitation n or as stated.	Correct by (date)	Initial	
5-305 4-00 3-304 4-501		cerational controls, final These items are to be	ORE ITEMS ties or structures, equipment design, general corrected by the noxt regular inspection	al maintenance or sanitation or as stated.	Correct by (date)	Initial	
5-305_11 4-(0).11c 3-304_14 (-501.17) 4-(0).11c	Corverted	erational controls, final These Items are to be	DRE ITEMS ties or structures, equipment design, general corrected by the next regular inspection	al maintenance or soullation n or as stated.	Correct by (date)	Initial	
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5-305_11 4-(0).11c 3-304_14 (-501.17) 4-(0).11c	B	rerational controls, finality These items are to be	ties or structures, equipment design, general corrected by the next regular inspection		(date)	Initial	
Reference 5-305 4-00 4-00 4-50 4-50 5-205	B	EDUCATION I	ties or structures, equipment design, general corrected by the noxt regular inspection	Date: Follow-up: Follow-up Date:	(date)	Initial	