

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

TIMEIN: OC	TIME OUTS
PAGE of	R

NEXT ROUTINE IN	SPECTION THIS DAY, THE ITEMS NOTED ISPECTION, OR SUCH SHORTER PERIO	D OF TIME AS MAY BE	SPECIFIE	D IN WR	ITING BY T	HE REGULA	TORY AUTHORITY FAILURE TO	COMPL	THE Y
ESTABLISHME	IMITS FOR CORRECTIONS SPECIFIED IN NAME:	OWNER:	SULTIN	CESSAII	ON OF YO	UR FOOD OF	PERSON IN CHARGE:		
ADDRESS:	Charleston P	10 70					COUNTY		
CITY/ZIP:	17N 1134 1	PHONE:	F	AX:			P.H. PRIORITY: H I	и 🗆 L	-
ESTABLISHMENT T BAKERY RESTAURA	☐ C. STORE ☐ CATERER	DELI NTER TEMP. FOO	OD E	GROC TAVER	ERY STOR		ISTITUTION DBILE VENDORS		
PURPOSE Pre-opening	<u>\</u> .	☐ Complaint ☐ Other			(6.8)		SBILL VENDORO		
FROZEN DESS Approved Dis License No.	sapproved Not Applicable	EWAGE DISPOSAL PUBLIC PRIVATE		COMM			-COMMUNITY PRIVAT Sampled Results		
Disk factors are f	food proporation prostings	RISK FACTORS						Sin	
foodborne illness o	food preparation practices and employee be outbreaks. Public health interventions are	e control measures to pre	event food	oorne illne	ess or injury	<u> </u>	2000 CONTROL C		
Compliance IN OUT	Demonstration of Knowl Person in charge present, demonstration			Complianc			otentially Hazardous Foods king, time and temperature	COS	S R
	and performs duties Employee Health			V OUT	N/O N/A	Proper rehe	eating procedures for hot holding		+
IN OUT	Management awareness; policy pres Proper use of reporting, restriction a			TUO V			ing time and temperatures		
IN OUT N/O	Good Hygienic Practic	es	di	TUO	N/A	Proper cold	holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tol No discharge from eyes, nose and m			OUT I			marking and disposition ublic health control (procedures /	-	
	Preventing Contamination b	y Hands		<		records)	Consumer Advisory		-
IN OUT N/O	Hands clean and properly washed		(1)	V OUT	N/A	Consumer a	advisory provided for raw or		
IN OUT N/O	No bare hand contact with ready-to- approved alternate method properly						hly Susceptible Populations		
IN OUT	Adequate handwashing facilities sup accessible	pplied &		N OUT I	N/O N/A	Pasteurized offered	foods used, prohibited foods not		
IN OUT	Approved Source				200		Chemical		
IN OUT NO NA	Food obtained from approved source Food received at proper temperature			TUO I	N/A	Toxic substa	res: approved and properly used ances properly identified, stored and		
IN OUT Food in good condition, safe and unadulterated				4		Conform	nance with Approved Procedures		
IN OUT N/O N/A	destruction		11	N OUT	(N/A)		with approved Specialized Process		
Protection from Contamination IN OUT N/A Food separated and protected		Ţ	he letter t	to the left of	each item ind	dicates that item's status at the time	of the		
IN OUT N/A Food-contact surfaces cleaned & sanitized		The state of the s		compliance		OUT = not in compliance			
IN OUT N/O Proper disposition of returned, previously served,		ously served,	+	N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item					
	reconditioned, and unsafe food	GOOD RE	TAIL PRA	CTICES	Te				
IN OUT	Good Retail Practices are preventative Safe Food and Water	e measures to control the	introducti	on of pati	hogens, che				
	Pasteurized eggs used where required	003	RIN	OUT	In-use ut	ensils: proper	er Use of Utensils	cos	R
X	Vater and ice from approved source		>	(Utensils,	equipment a	nd linens: properly stored, dried,		
X .	Food Temperature Control adequate equipment for temperature control		X		Single-us		ice articles: properly stored, used		
A	approved thawing methods used		×			sed properly Utensils, E	quipment and Vending		
X	hermometers provided and accurate			X	Food and	nonfood-cor	ntact surfaces cleanable, properly		
	Food Identification		'×			hing facilities	: installed, maintained, used; test		
F	ood properly labeled; original container Prevention of Food Contamination			X		contact surfa			
	nsects, rodents, and animals not present			/	Hot and o	cold water av	ysical Facilities allable; adequate pressure		
ar	ontamination prevented during food prepare nd display		X		Plumbing	installed; pro	oper backflow devices		
fir	ersonal cleanliness: clean outer clothing, hangernails and jewelry	air restraint,	\ \ \		Sewage	and wastewa	ter properly disposed		
Wiping cloths: properly used and stored Fruits and vegetables washed before use				Toilet fac	ilities: properl	y constructed, supplied, cleaned			
/				X	Physical	facilities insta	rly disposed; facilities maintained lled, maintained, and clean		
Person in Charge /Title:									
Inspector:	Mancin Bond	Telephone No	93-71	91	EPHS No	Follo	w-up: Yes w-up Date:	□ No	0
MO 580-1814 (11-14)	DIS	STRIBUTION WHITE - OWNER'S	SCOPY		CANARY - FILI		1101	140	E6.37



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TIME IN CO	TIME OUT
PAGE 2 of	2

ESTABLISHMENT NAME	ADDRESS	Lan Dlan	CITY CON ALLAN	ZIP	1
FOOD PRODUCT/LOCATION	OCHUM US	FOOD PRODUCT	TH OCATION	03834	
UDERDON I	4.5		I/ LOCATION	TEM	*
5a 25a al	2010-	Dizza line			
Chickon	390	PIZZA IINO			
Code Reference Priority items contribute directly to the elimor injury. These items MUST RECEIVE I	PRIOR nination, prevention or red MMEDIATE ACTION with	RITY ITEMS fuction to an acceptable level, hazarde nin 72 hours or as stated.	associated with foodborne illness		Initial
4-601.11A EXCESSIVE BUILD	Show F	paked on Soc	od debris	4/9/01	90
4-601.11A Plasta Tids store	das cla	an in dish cuz	la onl	1/1/2) (TQ
Ants observed a	on top à	s dish mach	ine	4/9/219	90
3-01.11 Molor Milden of the large ice m	achine in		(discorded)	1/9/21	1
4-401.11AMICKOMONS SOI	led w/sa	od debris ->	Sides atop	4/9/12 (TU
Code: Reference Core items relate to general sanifation, op- standard operating procedures (SSOPs).	erational controls, facilitie These items are to be co		neral maintenance or sanitation flon or as stated.	Correct by (date)	Initial
up of spoods	ebrish p	mt in kitchen roosen, roach	n coolers,	4/21/21	191
4-1031,110 Shelving thra	ochout &	itchen has b	and up of	1/31/21	4C
LEDITA Walls through	pout dite	then have to	and other	الطاطة	W.
4-501.11 Door handle	missing	From IASID	2 St Walter	1/2//21	AU
1-501,12 Saws 11051012	walk in	cooter dustu	8	1/2/21	
	EDUCATION PR	ROVIDED OR COMMENTS			
Person in Charge /Title:	AFF		Date:		M41/
Inspector: Blame Laboration	Telephone	650111 1661	Follow-up:	Yes [No.
MO 580-1814 (11-14)	DISTRIBUTION: WHITE - OWNER	S COPY CANARY - FILE COPY			E6.37A