

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

TIME IN: 4/0		TIME OUT/5				
PAGE	of c	2				

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.									
ESTABLISHMENT NAME: OWNER:			11/1	ait	0	PERSON IN CHARGE:			
ADDRESS: 15 E PINE COUNTY: 55:55:001									
CITY/ZIP: PHONE: 24/6 FAX: P.H. PRIORITY: HEM D						L			
ESTABLISHMENT TYPE									
BAKERY C STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS PURPOSE									
FROZEN DESSER	Pre-opening Routine Follow-up Complaint Other								
				VATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results					
RISK FACTORS AND INTERVENTIONS									
Risk factors are food	preparation practices and employee behaviors most co	ommonly repo	orted to	the Cen	ters for Dis	ease Control and Prevention as contributing	factors in		
foodborne illness outb	reaks. Public health interventions are control measu Demonstration of Knowledge			rne illne		Petentially Hazardous Foods	cc	S R	
IN OUT	Person in charge present, demonstrates knowledge and performs duties		9000	WORLD IN WINDSHIPS		Proper cooking, time and temperature			
	Employee Health				ME N/A	Proper reheating procedures for hot holdi	ng		
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclusion				N/O N/A	Proper cooling time and temperatures Proper hot holding temperatures			
HN OUT N/O	Good Hygienic Practices Proper eating, tasting, drinking or tobacco use		IN	OUT	N/A	Proper cold holding temperatures			
IN OUT N/O	No discharge from eyes, nose and mouth				N/O N/A	Proper date marking and disposition Time as a public health control (procedure	s/		
6	Preventing Contamination by Hands					records) Consumer Advisory	843	-	
IN OUT N/O	N OUT N/O Hands clean and properly washed		(IN)			Consumer advisory provided for raw or undercooked food	Consumer advisory provided for raw or		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Highly Susceptible Populations			
IN OUT Adequate handwashing facilities supplied &			IN			Pasteurized foods used, prohibited foods offered	iot		
accessible Approved Source			4			Chemical			
IN OUT Food obtained from approved source IN OUT N/O) N/A Food received at proper temperature				OUT	N/A	Food additives: approved and properly use Toxic substances properly identified, store	d and		
K C						used			
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite destruction			IN	OUT	N/A	Conformance with Approved Procedur Compliance with approved Specialized Pro and HACCP plan			
IN OUT N/A	Protection from Contamination Food separated and protected					f each item indicates that item's status at the	time of the		
IN OUT N/A	Food-contact surfaces cleaned & sanitized		ins	inspection. IN = in compliance OUT = not in compliance					
IN OUT NO	Proper disposition of returned, previously served,			N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item					
	reconditioned, and unsafe food	OOD RETAI			31100104 01	Total IX - Repeat Item		_	
	Good Retail Practices are preventative measures to c	ontrol the intr	roduction	of path	nogens, che	emicals, and physical objects into foods.			
IN OUT	Safe Food and Water eurized eggs used where required	COS R	IN	OUT		Proper Use of Utensils	COS	R	
	r and ice from approved source		V		Utensils,	tensils: properly stored , equipment and linens: properly stored, drie	d,		
	Food Temperature Control		2		handled Single-us	se/single-service articles: properly stored, us	hod		
	uate equipment for temperature control		X			used properly	eu		
Approved thawing methods used Thermometers provided and accurate			1		Food and	Utensils, Equipment and Vending dinonfood-contact surfaces cleanable, property of the contact surfaces cleanab	erly		
Food Identification			×			d, constructed, and used shing facilities: installed, maintained, used; t	est		
Food properly labeled; original container			-		Nonfood	ed -contact surfaces clean			
Prevention of Food Contamination					1131011115 = 104/0	Physical Facilities			
Insects, rodents, and animals not present Contamination prevented during food preparation, storage			1			cold water available; adequate pressure g installed; proper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint,			X		Sewage	and wastewater properly disposed			
fingernails and jewelry Wiping cloths: properly used and stored			V			cilities: properly constructed, supplied, clean			
Fruits	and vegetables washed before use		X	V	Garbage	refuse properly disposed; facilities maintain facilities installed, maintained, and clean			
Person in Charge /Title: Date: 10 - 19 - 2020									
Inspector:	Mana Feler	hone No.	- 21/	71	EPHS No		1 1	No	
MO 580-1814 (11-14)	DISTRIBUTION: WHITE	OWNER'S CO	PY	//	CANARY - FIL	Follow-up Date:	6.55	F8 37	



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TIME IN/	TIME OUT/5
PAGE Of	\supset

ESTABLISHMEN FOR	OD PRODUCT/LOCATION	ADDRESS E P	FOOD PRODUCT/ LOC	ast Prairie	ZIP 3845 TEMP.
Ambier AA S	HAVAA boxt Cooler aturn Cooler aturn make	39°F 94	un beans/Hou	imilell	1807 - 40°F
Code Reference	Priority items contribute directly to the elimor injury. These items MUST RECEIVE II	PRIORITY ITE fination, prevention or reduction to MMEDIATE ACTION within 72 h	MS o en acceptable level, hazards associ ours or as stated.	ated with foodborne illness	Correct by Initial (date)
A)	none a				
Code Reference	Core items relate to general sanitation, op standard operating procedures (SSOPs)	CORE ITEM erational controls, facilities or stru These Items are to be corrected	ctures, equipment design, general ma	intenance or sanitation as stated.	Correct by Initial (date)
(1 - J 01 o)	Dust accum on the can		DOVE Fryers/C	griddle	NRI
Person in Ch	HA = 14,00 1	marke 110		Date: // = / ©	2020
Inspector:	he Main	Telephone No.	CANARY - FILE COPY	Follow-up:	Yes No