

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

TIMEINO	TIMEOUTS
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INEXT ROUTINE INS	PECTION THIS DAY, THE ITEMS NOTED BELOW IDENT SPECTION, OR SUCH SHORTER PERIOD OF TIME AS M MITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE I	MAY BE SPE	CIFIED I	N WRI	TING RY T	HE REGUL	ATORY ALITHORITY FAILURE TO	COMPLY	THE Y
ESTABLISHMEN	· · ·	+ T. Simple				PERSON IN CHARGE:			
ADDRESS: 3234 Jul Hum 80 county:							7/.		
CITYIZIP:	71037	FAX:				P.H. PRIORITY: DH M L			
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS									
PURPOSE Pre-opening Routine Follow-up Complaint Other									
FROZEN DESSERT Approved Disapproved Disapproved Disapproved Private Public PRIVATE Results									
	RISK FAC	TORS AND	INTER	RVENT	TIONS		lating a strike		
Risk factors are for	ood preparation practices and employee behaviors most cor outbreaks. Public health interventions are control measure	mmonly repor	rted to th	e Cent	ers for Dise	ease Contro	and Prevention as contributing factor	rs in	
Compliance	Demonstration of Knowledge		R Cor	npliance			otentially Hazardous Foods	cos	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties		1		I/O N/A	Proper coo	oking, time and temperature		
IN OUT	Employee Health Management awareness; policy present				I/O: N/A		neating procedures for hot holding bling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion		UN	OUT N	/O N/A	Proper hot	holding temperatures		
IN OUT N/O	Good Hygienic Practices Proper eating, tasting, drinking or tobacco use		AIL		N/A I/O N/A	Proper dat	d holding temperatures e marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth				/O N/A	Time as a	public health control (procedures /		
12	Preventing Contamination by Hands					records)	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed		(IN)	OUT	N/A	Consumer	advisory provided for raw or ed food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						ighly Susceptible Populations	801	
IN OUT	Adequate handwashing facilities supplied &		IN	OUT N	1/O(N/A)	Pasteurize	d foods used, prohibited foods not		+
	accessible Approved Source		+			offered	Chemical		
IN OUT	Food obtained from approved source		JN .		(N/A		ives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature		IN	TUC		Toxic subs used	tances properly identified, stored and		
IN OUT Food in good condition, safe and unadulterated						Confor	mance with Approved Procedures	4	
IN OUT N/O N/A Required records available: shellstock tags, parasi destruction			IN (301	(N/A)	and HACC	e with approved Specialized Process P plan		
IN OUT N/A	Food separated and protected		The	letter to	the left of	each item ir	ndicates that item's status at the time	of the	
IN OUT N/A	77/19/0/03/03/03/0	-	inspe	ection.	compliance		OUT = not in compliance		
IN OUT NO	-	N/	'A = not	t applicable	€	N/O = not observed			
reconditioned, and unsafe food					rrected On	Site	R = Repeat Item		
	Good Retail Practices are preventative measures to co	OOD RETAIL			occes che	enionia and			
IN OUT	Safe Food and Water	COS R	IN	OUT	ogens, che		per Use of Utensils	cos	R
	asteurized eggs used where required later and ice from approved source		X			ensils: prope	erly stored		
V			X		handled		and linens: properly stored, dried,		
Ac	Food Temperature Control dequate equipment for temperature control		X			se/single-ser	vice articles: properly stored, used		
Ap	pproved thawing methods used				Gioves u		Equipment and Vending		
Th	nermometers provided and accurate		X				ontact surfaces cleanable, properly		
	Food Identification		V		Warewas	shing facilitie	es: installed, maintained, used; test		
Fo	ood properly labeled; original container			X	strips use Nonfood-	ea -contact surf	aces clean		
Prevention of Food Contamination Insects, rodents, and animals not present			-		Hot and		hysical Facilities		
Contamination prevented during food preparation, storage and display			V	2			vailable; adequate pressure roper backflow devices		
Pe				Sewage	and wastew	ater properly disposed			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry Wiping cloths: properly used and stored		U U	X				orly constructed, supplied, cleaned		
	uits and vegetables washed before use		X		Garbage	refuse prop	erly disposed; facilities maintained		
Person in Charge	e /Title:		X		Physical	facilities inst	e:)// and clean		
Inspector: Telephone No. 7.0 EPHS No. Follow-up: Yes No.								0	
MO 580-1814 (11-14)	U THAT DISTRIBUTION: WHITE-	5-1063	-)10	71	1108	/ Foll	ow-up Date:	140	
CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	DISTRIBUTION: WHITE -	- OWNER'S COP			CANARY - FIL	E COPY			ER 37



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ESTABLISHMEN	IT NAME	ADDRESS	1.11/22.00	East Prairie	ZIP DZI	10	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT	LOCATION	TION TEMP.		
Ambient Aid (AH) Walk-in 36°F Tomators/Make Inc Copler					3640°F		
M I M SIN	Cooler		Brisket Stran	well table	1/27	/-	
HA M	etro C5 warmer	150°F			101		
AH SO	Hurn Cooler	_35°F					
Code		PRI	DRITY ITEMS		Correct by	Initial	
Reference	Priority items contribute directly to the elir or injury. These items MUST RECEIVE I	nination, prevention or r	reduction to an acceptable level, hazards lithin 72 hours or as stated.	associated with foodborne illness	(date)	nnuen	
	hone at	+10	1.00.0				
	TOPLE COL	WII i					
Code		67	DRE ITEMS				
Reference	Core items relate to general sanitation, op- standard operating procedures (SSOPs)	erational controls, facili	ties or structures, soulpment dasign, gene	val maintenance or senitation	Correct by I (date)	nitial	
	The state of the s	THE REAL PROPERTY.	consected by the next register inspessi	on the de states.			
4-601,1	(c) Food delan	5 10 0	ofton of stand	Up fruzers	NRI		
						-	
		EDUCATION I	PROVIDED OR COMMENTS				
NRI = next routine inspection							
Person in Ch	arde/Title:	10	V .	Date:	1 210)	
Inspector:	Thena L. Lour	(C () Telepho	one No.	0-04	Ves C	No	
40	die Marci	- 5%	ERS COPY CANARY - FILE COPY	Follow-up: □ Follow-up Date:	Yes	No	