

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

TME:15	6	TIME OUT	
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INEXT ROUTINE INSPE	S FOR CORRECTIONS SPECIFIED IN THIS N	ME AS MAY BE SPE IOTICE MAY RESUL	CIFIED IN WR	ITING BY T	NS OR FACILITIES WHICH MUST BE CORREC HE REGULATORY AUTHORITY, FAILURE TO (JR FOOD OPERATIONS,	TED BY	THE Y	
ESTABLISHMENT NAME: OWNER:		2110		PERSON IN CHARGE:				
ADDRESS:	ADDRESS: Prairie Dr.							
COST PIAINE USX 15 1199-1100				FAX: P.H. PRIORITY: H M L				
ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS								
Purpose Pre-opening	PURPOSE							
FRØZEN DESSERT Approved Disapproved Not Applicable License No.		.IC		WATER SUPPLY DI COMMUNITY DI NON-COMMUNITY PRIVATE Date Sampled Results Results				
		SK FACTORS AN			AND			
foodborne illness outbr	eaks. Public health interventions are control	measures to prevent	rted to the Cer foodborne illne	iters for Dise ess or injury	ease Control and Prevention as contributing factors	rs in		
Compliance IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge		R Compliand		Proper cooking, time and temperature	COS	R	
6	and performs duties Employee Health		IN OUT	N/Q N/A	Proper reheating procedures for hot holding		+	
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclu-	sion	IN OUT		Proper cooling time and temperatures Proper hot holding temperatures			
IN OUT NO	Good Hygienic Practices Proper eating, tasting, drinking or tobacco us		IN OUT	N/A	Proper cold holding temperatures Proper date marking and disposition			
IN OUT N/O	No discharge from eyes, nose and mouth		IN OUT		Time as a public health control (procedures / records)			
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed		ÎN) OUT	N/A	Consumer Advisory Consumer advisory provided for raw or			
IN OUT N/O	No bare hand contact with ready-to-eat foods	s or	1,, 00,	147.	undercooked food Highly Susceptible Populations			
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied &		IN OUT	N/O N/A	Pasteurized foods used, prohibited foods not			
	accessible Approved Source		111/001	N/O N/A	offered Chemical			
IN OUT N/O N/A	Food obtained from approved source		IN OUT	N/A	Food additives: approved and properly used			
	Food received at proper temperature		IN) OUT		Toxic substances properly identified, stored and used	- 14		
IN OUT Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite destruction		ed parasite	IN OUT	(N/A)	Conformance with Approved Procedures Compliance with approved Specialized Process and HACCP plan			
IN OUT N/A	Protection from Contamination Food separated and protected		The letter	to the left of	each item indicates that item's status at the time	of the	'"	
IN OUT N/A Food-contact surfaces cleaned & sanitized			inspection IN = ir	o compliance	OUT = not in compliance			
IN OUT N/O Proper disposition of returned, previously served,		ved,	N/A = no COS = C	ot applicable orrected On	N/O = not observed Site R = Repeat Item			
	reconditioned, and unsafe food	GOOD RETAIL	PRACTICES				11.27	
IN OUT	Good Retail Practices are preventative measurements Safe Food and Water	res to control the intro	in OUT	hogens, che	emicals, and physical objects into foods. Proper Use of Utensils	cos	R	
	urized eggs used where required		X		ensils: properly stored	000	-1,	
vvater	and ice from approved source		X	handled	equipment and linens: properly stored, dried,			
Adequ	Food Temperature Control uate equipment for temperature control		×-		se/single-service articles: properly stored, used sed properly			
Approved thawing methods used Thermometers provided and accurate					Utensils, Equipment and Vending I nonfood-contact surfaces cleanable, properly			
Food Identification			X	designed	, constructed, and used hing facilities: installed, maintained, used; test			
Food properly labeled; original container			X	strips use				
Prevention of Food Contamination Insects, rodents, and animals not present			^		Physical Facilities			
Contamination prevented during food preparation, storage and display		prage	X		cold water available; adequate pressure installed; proper backflow devices			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry		int,		Sewage a	and wastewater properly disposed			
Wiping cloths: properly used and stored Fruits and vegetables washed before use			8	Toilet fac	illties: properly constructed, supplied, cleaned frefuse properly disposed; facilities maintained			
V			IQ.	Physical I	facilities installed, maintained, and clean			
Person in Charge /T	esa Douglas A	ought to	ger		Date: 10 - 14 - 202	0,		
Inspector:	Marcin	Telephone No.	2191	EPHS No	Follow-up: Yes Follow-up Date:	N	0	
MO 580-1814 (11-14)	DISTRIBUTIO	N WHITE - OWNER'S COP	y ·	CANARY - FILE			F0.03	



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ESTABLISHMEN	IT NAME ADI	DRESS	CITY ZIP ZIP
-20Y	OD DOOD LOT II OO AT LON	201 Prairie Dr.	EUST PLAINE UJ895
FO	OD PRODUCT/LOCATION	TEMP. FOOD PRO	DUCT/ LOCATION TEMP.
tomat	os/mice no cover	39 - Ambient Airs	tand up beverage 37°F
ice CV	eam mix/machine	32° = ar cook	
Ampio) IA = 1	39° - Ambient A.	MAIN-IN CONSC 370P
	DONAL CONLEY	Je Hosen Hir	vale in cools
	Office Cool-Or		
Code		PRIORITY ITEMS	
Reference	Priority items contribute directly to the eliminal	on, prevention or reduction to an acceptable level, ha	azards associated with foodborne illness (date) Initial
	or injury. These Items MUST RECEIVE IMME	on, prevention or reduction to an acceptable level, he DIATE ACTION within 72 hours or as stated.	The second of th
	10.000	4	
	1 ore a	This time	
Code		CORE ITEMS	Correct by Initial
Reference	Core items relate to general sanitation, operation	mal controls facilities or structures, equipment design	n accord maintanana er confliction (data)
	standard operating procedures (SSCPs). The	se items are to be corrected by the next regular in	spection or as stated.
II I OVIT	I Sin Chala	*	A LIOT
7-1001.1	Crood allors 1	n bottom of Bever	age-air froezer NRI
		EDUCATION PROVIDED OR COMMENTS	
	LINT WILL	0 - 10 0	
	NKT - MIXE	vulne inspection	
Person in Ch	arge /Title	0 0,	
· Graditiff CII	arge / Title:	don	Date: //) - / \(- \) \(\) \(\)
Inspector: /	1111	Telephone No. EPHS, No.	Follow-up: Yes No
1 1 1 1 1	10 Maica	3/3-10/3-01/11/02	Follow-up Date: