

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

TIME IN	5	TIME OUT
PAGE	of	)

NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOTED BELOW IDENT CTION, OR SUCH SHORTER PERIOD OF TIME AS M FOR CORRECTIONS SPECIFIED IN THIS NOTICE I	MAY BE SPEC	IFIED IN WRITI	NG BY THE REGULATO	RY AUTHORITY. FAILURE TO C	ED BY THE	E
ESTABLISHMENT		Ina	0200,		PERSON IN CHARGE:		
ADDRESS: 7	10 N Martin			C	COUNTYSSISSIPPI		
CITY/ZIP; Pro	aire 63845 PHONE - 5	5452	FAX:	P	P.H. PRIORITY: H   M		
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 Disappi	roved ■ Not Applicable ■ SEWAGE DISPO	SAL	WATER SUP COMMUN	IITY   NON-C	OMMUNITY PRIVATE		
Risk factors are food	RISK FAC		INTERVENTI		d Prevention as contribution factors	s in	
foodborne illness outbr	eaks. Public health interventions are control measure Demonstration of Knowledge	es to prevent fo	oodborne illness	or injury.	ntially Hazardous Foods		R
OUT OUT	Person in charge present, demonstrates knowledge, and performs duties		IN OUT WA	N/A Proper cooking	, time and temperature		
IN OUT	Employee Health  Management awareness; policy present		IN OUT NA	N/A Proper cooling	ing procedures for hot holding time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion  Good Hygienic Practices		IN OUT (N/O	N/A Proper cold ho	ding temperatures		_
IN OUT N/O	Proper eating, tasting, drinking or tobacco use  No discharge from eyes, nose and mouth		IN OUT N/O		arking and disposition ic health control (procedures /		
	Preventing Contamination by Hands			records)	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed		IN OUT	N/A Consumer adv	isory provided for raw or ood		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible		(N) OUT N/C	Pasteurized for offered	ods used, prohibited foods not		
IN OUT (N/O N/A	Approved Source Food obtained from approved source		(IN OUT		Chemical approved and properly used		
UN OUT (N/O N/A	Food received at proper temperature		OUT	used	es properly identified, stored and		
IN OUT N/Q N/A	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite destruction		IN OUT		th approved Specialized Process		
IN OUT N/A	Protection from Contamination Food separated and protected		The letter to t		ates that item's status at the time o	f the	
JN OUT N/A	Food-contact surfaces cleaned & sanitized				OUT = not in compliance		
IN OUT (N/O)	Proper disposition of returned, previously served, reconditioned, and unsafe food		N/A = not a		N/O = not observed R = Repeat Item		
	G	OOD RETAIL P				t who	ħ
IN OUT	Good Retail Practices are preventative measures to co Safe Food and Water	COS R	IN OUT	Proper t	Jse of Utensils	COS R	
	urized eggs used where required and ice from approved source			n-use utensils: properly subject of the property of the proper	stored linens: properly stored, dried,		
	Food Temperature Control			nandled Single-use/single-service	articles: properly stored, used		
	uate equipment for temperature control ved thawing methods used			Gloves used properly	ipment and Vending		
	nometers provided and accurate				ct surfaces cleanable, properly		
	Food Identification			Warewashing facilities: in	estalled, maintained, used; test		
Food	properly labeled; original container Prevention of Food Contamination			Nonfood-contact surfaces	s clean cal Facilities		
	s, rodents, and animals not present			Hot and cold water availa	able; adequate pressure		
and di	mination prevented during food preparation, storage splay nal cleanliness: clean outer clothing, hair restraint,		X	Plumbing installed; prope			
fingeri	nai cleaniness: clean outer ciotning, nair restraint, nails and jewelry g cloths: properly used and stored			Sewage and wastewater			
	and vegetables washed before use		5	Garbage/refuse properly	constructed, supplied, cleaned disposed; facilities maintained		
Person in Charge /	itle: 0 ( ) ( )		ĻX	Physical facilities installed Date:	d, maintained, and clean	2	
Inspector:	78 (16 (1 )V)(	hone No.?)	OK. E	PHS No. Follow-	-up:	No	
MO 580/1814 (11-14)	DISTRIBUTION: WHITE	5-1003-	2MI		-up Date:	E6.3	37



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TIME'IN 5	TIME OUT
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ESTABLISHMEN	ters	ADDRESS 120	N Martin Er	15+ Prairie	28381	15
FO	OD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOCA	TION	TEM	Ρ.
Code		D0//	ONLY WELD			
Reference	Priority items contribute directly to the elir or injury. These Items MUST RECEIVE I	mination, prevention or r MMEDIATE ACTION w	ORITY ITEMS reduction to an acceptable level, hazards associated thin 72 hours or as stated.	ed with foodborne illness	Correct by (date)	Initial
		.0				
	14000	11 070	Power to A			
		) Will	Contecto			
Y						
with						
Code		Co	DREITEMS.		Correction	Initial
Code Reference	Core items relate to general sanitation, op standard operating procedures (SSOPs).	CC erational controls, facilit These items are to be	DRE ITEMS lies or structures, equipment design, general main corrected by the next regular inspection or as	tenance or sanitation	Correct by (date)	Initial
Reference	Core items relate to general sanitation, op standard operating procedures (SSOPs)	cerational controls facilit	DRE ITEMS tiles or structures, equipment design, general main corrected by the next regular inspection or as	stated.	(date)	Initial
Code Reference	11 Floorment	These items are to be	lies or structures, equipment design, general main corrected by the next regular inspection or as	atenance or sanitation stated.	Correct by (date)	Initial
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Reference	11 Floorment	erational controls, facility and the second	lies or structures, equipment design, general main corrected by the next regular inspection or as	stated.	(date)	Initial I
Reference	11 Floorment	erational controls, facility and the second	ties or structures, equipment design, general main, corrected by the next regular inspection or as	stated.	(date)	Initial I
Reference	MRI = ne	erational controls, facility and the second	PROVIDED OR COMMENTS	Date: 2 - 6	NRI 1-20	Initial