

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

TIME IN 4/3	TIME OUT
PAGE / of	2

WITH ANY TIME LIMIT	CTION THIS DAY, THE ITEMS NOT ECTION, OR SUCH SHORTER PER S FOR CORRECTIONS SPECIFIED	ON THIS NOTICE I	<i>I</i> IAY BE SPE	CIFIED	IN WRI	TING BY T	THE REGU	I ATORY AUTHORITY	T BE CORRECT FAILURE TO	TED BY	THE
ESTABLISHMENT NAME: OWNER:					PERSON IN CHARGE:						
ADDRESS: 720 N Marchine											
CITY/ZIP: Prairie 13845 PHONE; 5452					FAX: P.H. PRIORITY: H 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 Routine Pollow-up Complaint Other											
FROZEN DESSERT Approved Disapproved Not Applicable License No. SEWAGE DISPOSAL PUBLIC PRIVATE					WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results						
			TORS AN							RILV =	и,
Risk factors are food foodborne illness outb	preparation practices and employee reaks. Public health interventions	behaviors most cor are control measure	mmonly repo	orted to t	he Cent	ters for Dis	ease Cont	rol and Prevention as co	ntributing facto	rs in	
Compliance IN OUT	Demonstration of Kno Person in charge present, demons	wiedge		R Co	mpliance			Potentially Hazardous	Foods	cos	R
	and performs duties Employee Healt				-	-		ooking, time and temper			
INCOUT	Management awareness; policy p	resent				WO N/A		eheating procedures for coling time and temperate			
(IN/OUT	Proper use of reporting, restriction Good Hygienic Prac				OUT N	N/A N/A	Proper h	ot holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking or	tobacco use		IN	TUO	V/O N/A	Proper d	old holding temperatures ate marking and disposit	ion		
(IN)OUT N/O	No discharge from eyes, nose and	mouth		IN	OUT N	NO NÃ	Time as records)	a public health control (p	rocedures /		
IN OUT NO	Preventing Contamination Hands clean and properly washed			IN) UT	NI/A		Consumer Advisor			
				حلاال	OUT	N/A	undercod				
IN OUT N/O	No bare hand contact with ready-tagproved alternate method proper	o-eat foods or ly followed						Highly Susceptible Popu	lations		
IN OUT	Adequate handwashing facilities s accessible	upplied &		IN	OUT N	I/O N/A	Pasteuriz offered	zed foods used, prohibite	d foods not		
	. Approved Source							Chemical			
IN OUT N/O N/A	Food obtained from approved sou Food received at proper temperati				OUT	N/A	Food add	ditives: approved and pro estances properly identifi	perly used		
IN OUT					001		used				
IN OUT N/O N/A	Food in good condition, safe and u Required records available: shells destruction	tock tags, parasite		IN	OUT	N/A		ormance with Approved nce with approved Special CP plan			
IN OUT N/A	Protection from Contar Food separated and protected	nination				the left of	f each item	indicates that item's sta	tus at the time	of the	
IN OUT N/A Food-contact surfaces cleaned & sanitized			inspection. IN = in compliance OUT = not in compliance								
IN OUT NO Proportion of returned provide the N				N/A = not applicable N/O = not observed							
	reconditioned, and unsafe food	00	OOD RETAIL			Tected Of	TORE	R = Repeat Item			
	Good Retail Practices are prevental	tive measures to co	ntrol the intr	oduction	of path	ogens, che	emicals, ar	nd physical objects into fo	oods.		
IN OUT	Safe Food and Water urized eggs used where required		COS R	IN	OUT		Pr	oper Use of Utensils	22 215 111	cos	R
	r and ice from approved source			_				perly stored t and linens: properly sto	red, dried.		
	Food Temperature Contro	Name and the same		X		handled		ervice articles: properly s			
	uate equipment for temperature cont			Ź			sed prope		stored, used		
	oved thawing methods used nometers provided and accurate					Food an	Utensils	Equipment and Vendin contact surfaces cleanal	g ole properly		
	Food Identification			X	. 1	designed	d, construct	ted, and used			
					X	strips us	ed	ties: installed, maintained	d, used; test		
Food	properly labeled; original container Prevention of Food Contamina	ation			X	Nonfood	-	rfaces clean Physical Facilities			
Insects, rodents, and animals not present				X			cold water	available; adequate pres			
Contamination prevented during food preparation, storage and display			X		Plumbing	g installed;	proper backflow devices				
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage	and waste	water properly disposed				
Wiping cloths: properly used and stored Fruits and vegetables washed before use				X				perly constructed, supplied			
				X	X	Physical Physical	facilities in	perly disposed; facilities stalled, maintained, and	maintained clean		
Person in Charge / Title: Date: - 7 - 2020											
Inspectory	Maria	Teleph	one No.	1-21	91	EPHS No		ollow-up:	Yes	No.)
MO/580-1814 (11-14)		DISTRIBUTION: WHITE-	OWNER'S COP	Y	1	GANARY - FIL		ollow-up Date:			E6 37



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ESTABLISHMENT NAME	ADDRESS	Mactin	CITY	Praine	ZIP / DOT	115	
FOOD PRODUCT/LOCATION	TEMP.		ICT/ LOCATION	1 MILLE	TEMF		
Code Reference Priority items contribute directly to the all or injury. These items MUST RECEIVE	PRIC mination, prevention or r MMEDIATE ACTION w	ORITY ITEMS eduction to an acceptable level, haza ithin 72 hours or as stated.	rds associated with fo	odborne illness	Correct by (date)	Initial	
V		*			19		
					*		
						_''	
Code	CC	DRE ITEMS			Correct by	Initial	
Reference Core items relate to general sanitation, o standard operating procedures (SSOPs).	perational controls, facility These items are to be	lies or structures, equipment design, portected by the next regular insp	general maintenance (action or as stated.	or sanitation	(date)		
4-1011111 01115 d	01000	Anoles	4001	ы.	1		
Tours outside	UT TOOK	Container	-CIIITY	with	MRI		
	- Ĉ	6 0	<u> </u>	91			
6-501,/2(A) Walk-M	treez	er alogis	ound.	to	NRI		
be a	cty with	in tood all	ons.				
4-501.1/6 Notest 5	mps to	r black so	20141701		NRT		
16.	EDUCATION	POWDED OF COMMENTS					
Had lest Stops , but mis Dia end Milero.							
1	1	1 9					
Person in Charge Title:			Date:	1-7-	3090		
Inspector: Marin	Telepho	ne No.3 - 20 EPHS No.	Follow	/-up: □ /-up Date:	Yes 5	∠ No	
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