



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

TIME IN: 10:06 TIME OUT: 10:10
 PAGE 1 of 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: <u>Tasty Kreationz</u>		OWNER: <u>Aleana</u>	PERSON IN CHARGE:
ADDRESS: <u>1803 Wayne</u>		COUNTY:	
CITY/ZIP: <u>St. Louis 63201</u>	PHONE: <u>314-683-6735</u>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE			
<input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input checked="" type="checkbox"/> MOBILE VENDORS			
PURPOSE			
<input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
FROZEN DESSERT		SEWAGE DISPOSAL	WATER SUPPLY
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable License No. _____		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	<input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
IN	Employee Health			IN	Proper reheating procedures for hot holding		
IN	Management awareness, policy present			IN	Proper cooling time and temperatures		
IN	Proper use of reporting, restriction and exclusion			IN	Proper hot holding temperatures		
IN	Good Hygienic Practices			IN	Proper cold holding temperatures		
IN	Proper eating, tasting, drinking or tobacco use			IN	Proper date marking and disposition		
IN	No discharge from eyes, nose and mouth			IN	Time as a public health control (procedures / records)		
IN	Preventing Contamination by Hands			IN	Consumer Advisory		
IN	Hands clean and properly washed			IN	Consumer advisory provided for raw or undercooked food		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	Highly Susceptible Populations		
IN	Adequate handwashing facilities supplied & accessible			IN	Pasteurized foods used, prohibited foods not offered		
IN	Approved Source			IN	Chemical		
IN	Food obtained from approved source			IN	Food additives: approved and properly used		
IN	Food received at proper temperature			IN	Toxic substances properly identified, stored and used		
IN	Food in good condition, safe and unadulterated			IN	Conformance with Approved Procedures		
IN	Required records available: shellstock tags, parasite destruction			IN	Compliance with approved Specialized Process and HACCP plan		
IN	Protection from Contamination			The letter to the left of each item indicates that item's status at the time of the inspection.			
IN	Food separated and protected			IN = in compliance OUT = not in compliance			
IN	Food-contact surfaces cleaned & sanitized			N/A = not applicable N/O = not observed			
IN	Proper disposition of returned, previously served, reconditioned, and unsafe food			COS = Corrected On Site R = Repeat Item			

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils	COS	R
X		Pasteurized eggs used where required			X		In-use utensils: properly stored		
		Water and ice from approved source			X		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control			X		Gloves used properly		
		Approved thawing methods used					Utensils, Equipment and Vending		
		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
		Food properly labeled: original container				X	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
		Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored			X		Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use			X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: <u>Aleana Clark</u>	Date: <u>5-2-2023</u>
Inspector: <u>Chad Mazum</u>	Telephone No. <u>314-683-2191</u>
EPHS No. <u>7661</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____

