

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

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MEXT ROUTINE INSPECTION THIS DAY, THE TIEMS 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 REQULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.														
ESTABLISHMENT NAME:  OWNER:  O														
ADDRESS: 1045 Main						COUNTYSSISSIDDI								
CHAMBER 13834 BHONE 233-8177					FAX: P.H. PRIORITY: DH M DL									
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD														
PURPOSE  Pre-open		Routine			☐ Oth									
FROZEN DE Approved License No.	Disappr	oved	SEWAGE DISPOS PUBLIC	BAL PRIVATE	1		ER SU COMML				I-COMMUNITY  Sampled	PRIVATE Results		
				RISK FAC	200	4117722		o Charles					TEST	
			ctices and employee be ealth interventions are								ontrol and Prevention as	contributing factor	s in	
Gampliance			Demonstration of Know		cos	R		oliance	(2)		Potentially Hazardou	THE RESERVE TO THE RE	COS	R
IN OUT		and performs	arge present, demonstr s duties	ates knowledge,	1				ON/A	Prope	er cooking, time and temp	erature		
IN OUT	UT Proper use of reporting, restriction and exclusion  Good Hygienic Practices  UT N/O  Proper eating, tasting, drinking or tobacco use  UT N/O  No discharge from eyes, nose and mouth  Proper date marking and disposition  IN OUT N/O N/A  Proper date marking and disposition  IN OUT N/O N/A  Time as a public health control (procedures/records)  Preventing Contamination by Hands													
IN OUT Proper use of reporting, restriction and exclusion				_										
IND OUT NO	NOUT N/O Proper eating, tasting, drinking or tobacco use					UN QUT N/A								
IN OUT N/O						_				Time	as a public health control			
								(proce		ory		-		
IN OUT N/O Hands clean and properly washed					IN OUT N/A			umer advisory provided for						
IN OUT N/O  No bare hand contact with ready-to-eat foods or approved alternate method properly followed						<i>C</i> 10		ditabi	Highly Susceptible Po	pulations				
IN OUT Adequate handwashing facilities supplied &					T	IN OUT N/O N/A			Paste	urized foods used, prohib	ited foods not			
		accessible	Approved Source							Ollele	Chemical			
IN OUT N/O N/A Food received at proper temperature							additives: approved and p substances properly iden		-	-				
6	N/A Food received at proper temperature							used						
IN OUT N/Q	N/A )	. 4.22.22	d condition, safe and un cords available: shellsto				IN O	UT	(N/A)		onformance with Approve liance with approved Spe			+
117 557 1179		destruction					,				IACCP plan	701411204 1 100000		
IN OUT	N/A		rotection from Contami ted and protected	nation			The le	etter to	the left of	each it	tem indicates that item's s	status at the time of	of the	
7	N/A					+	inspection.							
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food					IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed									
					OOD RE					- 15-1	TO MAKE THE PARTY OF	No.		
IN OUT			ractices are preventative are Food and Water	e measures to co	cos	e introd R		f patho	gens, che	emicals	, and physical objects into Proper Use of Utensils	o foods.	cos	R
X		urized eggs us	ed where required		000		X	, ,			properly stored			
X	Water	and ice from a	approved source				X		Utensils, handled	equipr	ment and linens: properly	stored, dried,		
			Temperature Control	N. Parally J.			X		Single-us		le-service articles: proper	ly stored, used		
X		iate equipment ved thawing m	t for temperature contro	1			X		Gloves u		operly nsils, Equipment and Ven	dina		-
X			ded and accurate		=		V			d nonfo	od-contact surfaces clear			
	0 10	TO ISA	Food Identification					-			tructed, and used acilities: installed, maintai	ned, used; test		_
V	Fand o						$\Diamond$		strips us		ot surfaces clean			
X	Food		d; original container on of Food Contaminat	on				72		TO THE	Physical Facilities	515 KH 4.		
X			animals not present					X			ater available; adequate p			
X	and di	splay	ented during food prepa				X				led; proper backflow devi			
X	fingerr	nails and jewel	: clean outer clothing, h	nair restraint,			X				astewater properly dispos			
X	Wiping	g cloths: prope	rly used and stored				X				properly disposed; facility			
X	Fruits	and vegetable	s washed before use				Ŷ				properly disposed; facilit es installed, maintained, a			
Person in Ch	arge /T	itle:	auray								Date: 7-2	7-206	33	
Inspector:	11	211	lascins	Pelep	hone N	10.72	-21	91	EPHS No	2-1	Follow-up:	] Yes	N	0
MO 580, 1814 (9, 19)	11	2/1	00000	ISTORUTION: WHITE	- OWNER	'S COPY	1/1	111	ANARY - FIL	I E COPY	, onor up buto.			E6.37



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ESTABLISHMENT NAME	ADDRESS 45	main.	Marleston	ZIP/ 3834	
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/		TEMP.	
Ambient Air White	414				
AA DIZZUMOVRETINE	370=				
Cooler	141000				
AA PIZZA Warmer	PRIORITY	TEMS	V5-171 IN 5131	Correct by	Initial
Reference Priority items contribute directly to the eli- or injury. These Items MUST RECEIVE	mination, prevention or reduct IMMEDIATE ACTION within	on to an acceptable level, hazards as 72 hours or as stated.	sociated with foodbome iliness	(date)	21.5
	1 1000				
NUNE	at this t	TIME			
t					
Code	CORE	TEMS	The Reservoir		Initial
Reference Core items relate to general sanitation, o standard operating procedures (SSOPs).	perational controls, facilities or These items are to be corre	structures, equipment design, gener ected by the next regular inspection	al maintenance or senitation n or as stated.	(date)	
5-202,12(A) No hot	water at	handsink in	icerream	NRT	
area.	water a.	rangone in	Ceciacin	1417	
			23.4		
4-204.112 Thermome	eter Miss	ing from Ms	ide Coulers.	NRT	
Inicecrea	marea.				
			ie .		
			7		
ALDE TO THE RESIDENCE	EDUCATION PRO	VIDED OR COMMENTS	/ 		
ARI= next r	EDUCATION PRO	vided or comments			
Person in Charge /Title:	EDUCATION PRO	spection	Date: 7-27	7-206 Yes	3 No