

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

| TIME | 5 | TIME OUT 5 |
|------|----|------------|
| PAGE | of | 2 |

| NEXT ROUTINE INSI | ECTION THIS DAY, THE ITEMS NOTED BELOV PECTION, OR SUCH SHORTER PERIOD OF TI ITS FOR CORRECTIONS SPECIFIED IN THIS N | ME AS MAY BE SPI | ECIFIED IN W | RITING BY T | HE REGULATORY AUTHORITY, FAILURE | RECTED B | Y THE | |
|---|--|-----------------------|---|---|---|-------------|-------|--|
| ESTABLISHMENT NAME: OWNER: | | | 2 + A \ | PERSON IN CHARGE: | | | | |
| ADDRESS: COUNTY: COUNTY: | | | | | | 1 7/ | | |
| OITY/ZIP: STAN SS21 PHONE - 1125 | | | | FAX: P.H. PRIORITY: | | | | |
| ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION | | | | | | | | |
| PURPOSE Pre-opening | PURPOSE | | | | | | | |
| FROZEN DESSERT Approved Disapproved Not Applicable License No. SEWAGE DISPOSA PUBLIC PRIVATE | | | WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results | | | | | |
| | | SK FACTORS AN | | | | | | |
| foodborne illness ou | od preparation practices and employee behaviors tbreaks. Public health interventions are control | measures to prever | nt foodborne ill | lness or injury | 17 HOST MAIN CONTRACTOR OF THE PARTY OF THE | factors in | | |
| Compliance IN OUT | Person in charge present, demonstrates knowledge, and performs duties | | R Complia | N/O N/A | Proper cooking, time and temperature | | DS R | |
| OUT | Employee Health Management awareness; policy present | 17281 | | N/O N/A | Proper reheating procedures for hot holding Proper cooling time and temperatures | ig | | |
| IN OUT | Proper use of reporting, restriction and exclusion Good Hygienic Practices | | | N/O N/A | Proper hot holding temperatures | | | |
| IN OUT N/O | Proper eating, tasting, drinking or tobacco us No discharge from eyes, nose and mouth | se | IN OUT | N/O N/A | Proper cold holding temperatures Proper date marking and disposition | | | |
| 110 001 100 | | | IN OUT | N/O N/A | Time as a public health control (procedure records) | 3 / | | |
| IN OUT N/O | OUT N/O Preventing Contamination by Hands Hands clean and properly washed | | IN OUT | OUT N/A Consumer advisory provided for raw or undercooked food | | | | |
| IN OUT N/O | No bare hand contact with ready-to-eat food approved alternate method properly followed | | | Highly Susceptible Populations | | | | |
| IN OUT | Adequate handwashing facilities supplied & accessible | | IN OUT | IN OUT N/O N/A Pasteurized foods used, prohibited foods not offered | | ot | | |
| IN OUT | Approved Source Food obtained from approved source | EXC. A | IN QUI | N/A | Chemical Food additives: approved and properly use | Size i | | |
| IN OUT N/O N/A | Food received at proper temperature | | THO NI | | Toxic substances properly identified, store | | | |
| IN OUT N/O N/A Required records available: shellstock tags, parasite | | | IN OUT | (N/A) | Comformance with Approved Procedure Compliance with approved Specialized Pro | | | |
| 90 | destruction Protection from Contamination | Jarasite | W 001 | CIVA | and HACCP plan | cess | | |
| IN OUT N/A | Food separated and protected | | | | each item indicates that item's status 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 | Proper disposition of returned, previously ser reconditioned, and unsafe food | ved, | N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item | | | | | |
| | Good Retail Practices are preventative measu | GOOD RETAI | | | | | | |
| IN OUT | Safe Food and Water | COS R | IN OU | T | Proper Use of Utensils | cos | R | |
| | steurized eggs used where required ter and ice from approved source | | V | | ensils: properly stored equipment and linens: properly stored, dried | | | |
| | Food Temperature Control | | XX | handled | | | | |
| | equate equipment for temperature control | | 1 | | se/single-service articles: properly stored, us sed properly | ed | | |
| | proved thawing methods used | | / | Food and | Utensils, Equipment and Vending nonfood-contact surfaces cleanable, prope | | | |
| Food Identification | | -15-200 | | designed | , constructed, and used shing facilities: installed, maintained, used; to | | | |
| Food properly labeled; original container | | -518 | V | ✓strips use | contact surfaces clean | iSt. | | |
| Prevention of Food Contamination | | | | | Physical Facilities | | | |
| Insects, rodents, and animals not present Contamination prevented during food preparation, storage | | | | | cold water available; adequate pressure installed; proper backflow devices | | | |
| and display Personal cleanliness: clean outer clothing, hair restraint, | | | 1 | | and wastewater properly disposed | | | |
| fingernails and jewelry Wiping cloths, properly used and stored | | | 1 | | ilities: properly constructed, supplied, cleane | ed. | | |
| Fruits and vegetables washed before use | | | V | Garbage/ | refuse properly disposed: facilities maintaine | | | |
| Person in Charge /Fittle: Mc Physical facilities installed, maintained, and clean Date: 1 9 | | | | | | | | |
| Inspector; Telephone No. Jelephone No. Follow-up: Pyes No. Follow-up Date: 9-18-19 | | | | | | | 10 | |
| MO 580-1814 (11-14) | DISTRIBUTIO | N: WHITE - OWNER'S CO | PY | CANARY - FILE | | | E6:37 | |



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

| TIME:45 | TIME OUT 45 |
|-----------|-------------|
| PAGE 2 of | \bigcirc |

| ESTABLISHMENT NAME | ADDRESS | 100 h. Dlana CITY | madio to | ZIP . DO | 211 |
|--|---------------------------|---|---------------------------|----------------------|-------------|
| FOOD PRODUCT/LOCATION | TEMP. | FOOD PRODUCT/LOCA | Tacleston | U3004 TEMP. | |
| Imbunt Are (AA) Walkin Cooler | 4208 | Tomatos / Prepine | | 43.4 | |
| AA Cooler under breed toosty | 4301 | Gren Bell Powers Prep 1 | | LIJOF | |
| Turkery Prepine Cooler | 40°F | | ne cooler | 40% | |
| Swill Onjud Chicken Prep cools | 400= | Meat balls / Star | 7.1 | 51°F | |
| Code Coder Sprepline coder | 2/00= | ORITY ITEMS | | Philosophilises | Description |
| | nination prevention or i | reduction to an expensable level, hexards associate | ed with foodborne illness | Correct by (date) | Initial |
| | | 161 | | | |
| 5-205.12A Hose attach | ed to man | p sink taucet hongs | prime | 9-6 | |
| flood rm | of sink, | 7 | | | |
| 7-201.11 B Cleaning C | Nemicula | being Shored above | Sida Sura | 9-1- | - |
| and Clean | utusil | 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | 1 0 | |
| LI-EN WIC > Con to | | | | 73 / | |
| 7-501.119 C2 San 1777 | aspen | sur nit working | | 9-6 | |
| 4-601,11A Food depos | In tube | Storing Clean drives | and when the | 9-6 | |
| The state of the s | cetable | Sicer | 672 413013 | 16 | |
| | Ú | | | | |
| 4-601.11A Suda nozzla | sindi | ce chute moldy | | 9-6 | |
| 5-402.11 2, bac, sink i | C. A. Watt | alianda de las assessas | | 0 1 | |
| 5 100.11 5 VIC 5 MC | JULIU C | y plumbed to sewe | r system | 9-6 | |
| | | | | | |
| | | | | | |
| Reference Core items relate to general sanitation, op | erational controls, fault | ORE ITEMS ties or structures, aquipment design, general main | tenuare or sanitation | Correct by (date) | Initial |
| standard operating procedures (SSOPs). | These items are to be | corrected by the next regular inspection or as | stated. | (ems) | |
| 4-901.11A Clean dishes | s not air | chied before Star | king | 9-18 | - |
| i ioni A Creati Date | y pro- corr | CLIPS DELOIS STATE | KING | 7.0 | |
| 4-6041C Food debn3 | on floor | 5 in walkin truz | X | 9-18 | |
| (-601) Carl as 1-1.0 | | 10.6 | | | |
| 6-501.11 Certing till | D MILISTE | pver walk in fre | (7(1) | 9-18 | |
| OSEO INC | ranu g | ed carried tills b | ver | | |
| | | | - | | |
| 2-401.11 B3 Employee | donkin | a cup without lid | *Corrected | 9-18 | |
| . 0 | | , | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | EDUCATION | DROWINED OR COLUMNIA | | | |
| Drawfood propte day | EDUCATION | PROVIDED OR COMMENTS | e and | The second | WOVE ! |
| main marketoticutty | v poords | | | | |
| Person in Charge /Title | | | Date: Q _ Ll - | 19 | |
| Inspector: Masses 34 | Telepho | ne No. EPHS No. | Follow-up: | Yes 🗆 | l No |
| MO 580-1814 (11-14) | STRIBUTION WHITE - OWN | 083-2191 1166 | Follow-up Date: 9 | -18-19 | E6.37A |