

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

TIME IN 5	TIME OUTS 5
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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.									THE Y				
ESTABLISHMENT NAME:  EAST PLAIN CHEENENIARY SCHOOL  OWNER:						INCL	PERSON IN CHARGE:						
							COUNTY:	155.00	21				
CITYIZIP PLANCE 63845 PHONE; 3521				01	FAX: P.H. PRIORITY: M H M L							_	
☐ BAKERY	ESTABLISHMENT TYPE  BAKERY  C. STORE  CATERER  DELI  RESTAURANT  SCHOOL  SENIOR CENTER  TEMP. FOOD					GROCERY STORE INSTITUTION TAVERN MOBILE VENDORS							
PURPOSE Pre-openia		Routine   Follow-up	☐ Complaint	☐ Otl			AVEN		LI WC	BILE VENDORS			
FROZEN DESSERT  Approved Disapproved Not Applicable  SEWAGE DISPOSAL  PUBLIC				OSAL	,	WATER SUPPLY COMMUNITY   NON-COMMUNITY   PRIVATE							
License No.			PRIVATE			COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results							
Risk factors are	e food r	preparation practices and employe	RISK FA						case Control	and Provention	e contributing facts	ro In	
foodborne illnes Gompliance	s outbr	eaks. Public health intervention Demonstration of K	s are control measu	res to pr	event I	foodbor	ne illne	ss or injury	y		55.7	COS	S R
(IN) OUT		Person in charge present, demo						Proper cooking, time and temperature COS					
IN OUT		Employee He Management awareness; policy				IN OUT N/O N/A				ating procedures			
IN OUT		Proper use of reporting, restrict	on and exclusion			CHNX	OUT N	N/O N/A	Proper hot h	olding temperatu	ıres		
IN OUT N/O		Good Hygienic P Proper eating, tasting, drinking					TUO 1 TUO	N/A VØ N/A		holding temperate marking and disp			
IN OUT N/O		No discharge from eyes, nose a				IN	OUT(	N/O N/A	Time as a purecords)		ol (procedures /		
OUT N/O		Preventing Conterninat Hands clean and properly wash	THE REAL PROPERTY OF THE PARTY			N OUT N/A			Consumer a	Consumer Advisory provided			
OUT N/O		No bare hand contact with read								nly Susceptible F	opulations		
approved alternate method properly follows OUT  Adequate handwashing facilities supplied accessible						(IN)	OUT N	I/O N/A	Pasteurized offered	foods used, prof	nibited foods not		
OUT		Approved Sor Food obtained from approved s								Chemica			
IN OUT NO	N/A	Food received at proper temper					IN OUT N/A Food additives: approved and properly used Toxic substances properly identified, stored and used						
IN OUT Food in good condition, safe and unadultera IN OUT N/O N/A Required records available: shellstock tags,						(N)	OUT	N/A	Conform		ved Procedures		
		destruction  Protection from Con				0		UT N/A Compliance with approved Specialized Process and HACCP plan					
	V/A	Food separated and protected	igni makigin				letter to	the left of	f each item ind	icates that item's	s status at the time	of the	
	V/A	Food-contact surfaces cleaned				IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed							
IN OUT (N/O)		Proper disposition of returned, preconditioned, and unsafe food	reviously served,			COS = Corrected On Site R = Repeat Item							
		Good Retail Practices are preven		OOD R									
IN OUT		Safe Food and Wate	tauve measures to c	COS	R	IN	OUT	logens, ch		r Use of Utensils		cos	R
X		urized eggs used where required and ice from approved source				X			tensils: proper	y stored od linens: properl	ly stored dried		
		Food Temperature Con	ltel.			X		handled					
		ate equipment for temperature co				×			used properly		erly stored, used		
		ed thawing methods used ometers provided and accurate							d nonfood-con		anable, properly		
		Food Identification				X		Warewa			ained, used; test		
	Food	od properly labeled; original container				X		strips us Nonfood	l-contact surfac				
	Prevention of Food Contamination Insects, rodents, and animals not present					X		Hot and		sical Facilities ilable; adequate	pressure		
Contamination prevented during food preparation, storage and display			eparation, storage			X				per backflow de			
	Personal cleanliness: clean outer clothing, hair restraint, fingernalls and jewelry					X		Sewage	and wastewat	er properly dispo	osed		
W	Wiping	cloths: properly used and stored and vegetables washed before us				Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained							
Person in Charge /Title:				11		X	Physical	facilities instal	led, maintained,	and clean			
Inspector:	go / 11	gulle Mil	utchen	hone	KL	tch	en	Man	(IGU) Date:	5-5	- 200		
Inspector: Jelephone No. Jelephone No. Follow-up: Yes D No. Follow-up Date:													



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ESTABLISHMENT NAME  EAST PLACE FLAMENTARY  FOOD PRODUCT/LOCATION  TEMP.  FOOD PRODUCT/ LOCATION  ARY CALLER  ARY CALLER  37°F  ARY CALLER  37°F  ARY CALLER  37°F					
Code Reference	PRIORITY ITEMS  Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	Correct by (date)	Initial		
	Mone at this time				
Code Reference	CORE ITEMS  Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial		
4-204	DO Ico build up in walk in trezer	AIRI			
	EDUCATION PROVIDED OR COMMENTS  ATRIE MENT VINTAL INSPECTION	-			
Person in Charge /Title:   Date: 5 - 5 - 2   Date: 5 - 5   Date: 5 - 5   Date: 5 - 5   Date: 5 - 2   Date: 5 - 5   Date: 5 - 5   Date: 5 - 5   Date: 5   Date: 5 - 5   Date: 5					

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