

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

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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. | | | | | | | | |
|--|--|--------------|---------------|----------------------|-----------------------------|---|-----|-----|
| ESTABLISHMENT NAME: OWNER: PERSON IN CHARGE: | | | | | | | | |
| ADDRESS: 210 Mashington COUNTY: SSUPPL | | | | | | | | |
| CITYIZIE: P.H. PRIORITY: P.H. M L | | | | | | | | |
| ESTABLISHMENT TYPE BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS | | | | | | | | |
| ☐ Pre-opening | | | | | | | | |
| FROZEN DESSERT Approved Disapproved Disap | | | | | | | | |
| Risk factors are food | Preparation practices and employee behaviors most com | | | | | sease Control and Prevention as contributing factors | lo. | |
| foodborne illness outb | preparation practices and employee behaviors most compreaks. Public health interventions are control measures Demonstration of Knowledge | to preven | nt food | Iborne il Complia | llness or injur | ry. Potentially Hazardous Foods | cos | R |
| IN OUT | Person in charge present, demonstrates knowledge, and performs duties | | | | T N/O N/A | Proper cooking, time and temperature | 000 | |
| IN) OUT | Employee Health Management awareness; policy present | | | | T N/O N/A | Proper reheating procedures for hot holding Proper cooling time and temperatures | | |
| OUT OUT | Proper use of reporting, restriction and exclusion Good Hygienic Practices | | 0 | N OUT | T N/O N/A | Proper hot holding temperatures Proper cold holding temperatures | | |
| IN OUT N/O | Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth | | 21 | N) OUT | T N/O N/A | Proper date marking and disposition Time as a public health control (procedures / | | |
| J. S. S. L. L. S. | Preventing Contamination by Hands | | Ŧ. | 14 00 | I WO NA | records) | | |
| IN OUT N/O | Hands clean and properly washed | | Ī | N OUT | T (N/A) | Consumer advisory provided for raw or undercooked food | | |
| IN OUT N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | 20 | | Highly Susceptible Populations | | |
| OUT OUT | Adequate handwashing facilities supplied & accessible | | C | רטס (א | T N/O N/A | Pasteurized foods used, prohibited foods not offered | | |
| IN) OUT | Approved Source Food obtained from approved source | | (1 | N) OUT | T N/A | Chamical Food additives: approved and properly used | | |
| TN OUT N/O N/A Food received at proper temperature | | | (| רטס (א | Т | Toxic substances properly identified, stored and used | | |
| IN OUT Food in good condition, safe and unadulterated IN OUT N/O N/A Required records available: shellstock tags, parasite | | | (1 | N)OUT | T N/A | Conformance with Approved Procedures Compliance with approved Specialized Process | | |
| (N) OUT NA | destruction and HACCP plan Protection from Contamination The letter to the left of each item indicates that item's status at the time of the | | | | | - 1 | | |
| IN OUT N/A Food separated and protected IN OUT N/A Food-contact surfaces cleaned & sanitized | | | | nspectio | | | | 14" |
| IN OUT WO Proper disposition of returned, previously served, | | | | N/A = | not applicab Corrected O | ole N/O = not observed | | |
| GOOD RETAIL PRACTICES | | | | | | | | |
| IN OUT | Good Retail Practices are preventative measures to con Safe Food and Water | trol the int | | tion of p | | | cos | R |
| | eurized eggs used where required er and ice from approved source | | × | / | | utensils: properly stored s, equipment and linens: properly stored, dried. | | |
| Food Temperature Control | | | - > | | handled Single- | use/single-service articles; properly stored, used | | |
| Adequate equipment for temperature control Approved thawing methods used | | | - > | | | used properly Utensils, Equipment and Vending | | |
| Thermometers provided and accurate | | | T | V | | nd nonfood-contact surfaces cleanable, properly ed, constructed, and used | | |
| Food Identification | | | | Ź . | | ashing facilities: installed, maintained, used; test | | |
| Food properly labeled; original container Prevention of Food Contamination | | | | | | d-contact surfaces clean Physical Facilities | | |
| Insects, rodents, and animals not present Contamination prevented during food preparation, storage | | | 45 | ×, | | d cold water available; adequate pressure ng installed; proper backflow devices | | |
| and display Personal cleanliness: clean outer clothing, hair restraint, | | | | | | e and wastewater properly disposed | | |
| fingernails and jewelry Wiping cloths: properly used and stored | | | \rightarrow | | | acilities: properly constructed, supplied, cleaned | | |
| Fruits and vegetables washed before use | | | - 2 | 3 | Garbag | re/refuse properly disposed; facilities maintained al facilities installed, maintained, and clean | | |
| Person in Charge / | Title: | | بـــــ | | 1 inystoc | Date: / 2 - / 2 - 2/ | 2= | > |
| Inspector: | Telephi | one No. | 21 | 2191 | EPHS-N | | No | 0 |
| MO 689/1814 (11-14) DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY E6.37 | | | | | | | | |



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| TIME IN 30 | TIME | OUT | 0 |
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| ESTABLISHMENT NAME Prairie Middle ADDRESS 10 Washington FUST Play | ZIP 2745 | | | | |
|---|---------------------------|--|--|--|--|
| FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION | TEMP. | | | | |
| Ambient Area mily cooler 32°F AR Trausen Cooler | 39'F | | | | |
| AA Trausen homer 170= | | | | | |
| All Stord up Narmer 1727 | | | | | |
| Code PRIORITY ITEMS Reference Priority Items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness | Correct by Initial | | | | |
| Reference 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. | (date) | | | | |
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| how at this time | | | | | |
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| Code Reference 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 Initial (date) | | | | |
| standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. | | | | | |
| 4601.11 Ceiling of walkin cooler has dust build yo | NRI | | | | |
| and on fan guards. | | | | | |
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| EDUCATION PROVIDED OR COMMENTS | | | | | |
| NRI: hext routine inspection | | | | | |
| Person in Charge /Title: Dait (Owless Date 2-1 | 2-2023 | | | | |
| Inspector: / EPHS No. / Follow-up: | Yes 🔼 No | | | | |
| MO SEA JULIAN DISTRIBUTION WHITE DWNER'S COPY CANARY - FILE COPY | E6 37A | | | | |