

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

TIME INSO	TIME OUT
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NEXT ROUTINE INSPEC	TION THIS DAY, THE ITEMS NOTED BELOW IDENTIF CTION, OR SUCH SHORTER PERIOD OF TIME AS MA FOR CORRECTIONS SPECIFIED IN THIS NOTICE MA	Y BE SPE	ECIF	<b>IED IN W</b>	VRITING BY 1	THE REGULATORY AUTHORITY: FAILURE TO COM	O BY T MPLY	HE	
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: 7 1N HADA 80									
CITYZIP: P.H. PRIORITY: H M LL									
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS									
PURPOSE  Pre-opening Routine Follow-up Complaint Other									
FROZEN DESSERT    Approved   Disapproved   Not Applicable   License No.   PRIVATE   Date Sampled   Non-COMMUNITY   PRIVATE   PRIVATE   Results   Results   PRIVATE   P									
Blakford or ore fred a	RISK FACT	NO CONTRACTOR OF THE PARTY OF T		The state of the s	TO SALES HAVE BEEN STORY	seese Central and Provention as contributing feature in		01	
	eaks. Public health interventions are control measures  Demonstration of Knowledge	to preven			llness or injur		cos	R	
IN OUT	Person in charge present, demonstrates knowledge, and performs duties	000		IN OUT N/O N/A		Proper cooking, time and temperature			
IN OUT	Employee Health Management awareness; policy present		1		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				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		4	IN ØU	T N/O N/A	Proper date marking and disposition  Time as a public health control (procedures /			
IIV OUT INTO	Preventing Contamination by Hands		4	TN OUT N/O N/A		records)  Consumer Advisory			
IN JOUT N/O	Hands clean and properly washed			IN OUT 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					Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A		Pasteurized foods used, prohibited foods not offered			
IN OUT	Approved Source Food obtained from approved source			IN OUT N/A		Chemical Food additives: approved and properly used			
IN OUT N/O N/A	Food received at proper temperature			IN OUT		Toxic substances properly identified, stored and used		N	
IN OUT N/O N/A	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite		+	IN OU	T (N/A)	Conformance with Approved Procedures  Compliance with approved Specialized Process			
	Protection from Contamination		=	The lett	or to the left o	and HACCP plan	ho	1	
IN OUT N/A	Food separated and protected  Food-contact surfaces cleaned & sanitized		The letter to the left of each item indicates that item's status at the time of th inspection.				II <del>C</del>		
IN OUT NO	Proper disposition of returned, previously served,		-	IN = in compliance  N/A = not applicable  COS = Corrected On Site  OUT = not in compliance  N/O = not observed  R = Repeat Item					
	reconditioned, and unsafe food  G0	OD RETAI	IL P			THE RESERVE SELECTION		JE J	
IN OUT	Good Retail Practices are preventative measures to con Safe Food and Water	trol the int			pathogens, ch		os	R	
Paste	urized eggs used where required and ice from approved source			X		utensils: properly stored s, equipment and linens: properly stored, dried,			
vvater	Food Temperature Control				handled				
	uate equipment for temperature control					used properly			
	oved thawing methods used nometers provided and accurate		7			Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, properly			
	Food Identification			designed, constructed, and used Warewashing facilities: installed, maintained, used; test					
Food	properly labeled; original container			strips used Nonfood-contact surfaces clean					
	Prevention of Food Contamination ts, rodents, and animals not present			Physical Facilities  Hot and cold water available; adequate pressure					
and d				Plumbing installed; proper backflow devices					
finger	nal cleanliness: clean outer clothing, hair restraint, nails and jewelry		Sewage and wastewater properly disposed						
	g cloths: properly used and stored and vegetables washed before use			Toilet facilities: properly constructed, supplied, cleaned Garbage/refuse properly disposed; facilities maintained					
Person in Charge /Title:  Person in Charge /Title:  Date:									
Inspector: Telephone No. Ola EPHS No. Follow-up: Yes No.									
MO 580-1814 (11-14)	DISTRIBUTION: WHITE-	1105	(2)	191	CANARY -	Follow-up Date:		E6.37	



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TIMEINGO	TIME OUT
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ESTABLISHMEN	DD PRODUCT/LOCATION	TEMP.	7 W HANSO	CT/ LOCATION	Prairie	ZIP / 27	45
Code Reference	Priority items contribute directly to the elin or injury. These Items MUST RECEIVE I	PRIORI	TY ITEMS: iction to an acceptable level, hazard in 72 hours or as stated.	ds associated with I	bodborne iliness	Correct by (date)	Initial
	N ton		stine				
	- I UĂZ						
		_					
9)							
Code Reference	Core items relate to general sanifation, or standard operating procedures (SSOPs).	CORI	E ITEMS or structures, equipment design, a	eneral maintenance	or sanitation	Correct by (date)	Initial
a Parkey	standard operating procedures (SSOPs).	These items are to be co	rrected by the next regular Inspe	ction of as stated			
	NOA	0 11 1	hstime				
	7,01		10 3111100				
	>						
		EDUCATION PR	OVIDED OR COMMENTS				
Person in Charge /Title: Date: 2 - 20						1-2026	
Inspector:	Le Marci	Telephone	No. 2 29 EPHS No.	Folio Folio	ow-up:   ow-up Date:		No No