

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

TIME IN SO		TIME OUT	
PAGE /	of	?	

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 SFECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.									
ESTABLISHMENT NAME: OWNER: PERSON IN CHARGE:									
ADDRESS: 105 W WAShington COUNTY: STOP									
P.H. PRIORITY: DH M L									
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   PRIVATE     Approved   Disapproved   Not Applicable   Results   PRIVATE     Approved   Disapproved   Non-COMMUNITY   PRIVATE     Date Sampled   Results   Results   PRIVATE     Approved   Disapproved   Non-COMMUNITY   Disapproved   Private   Non-COMMUNITY   PRIVATE     Approved   Disapproved   Non-COMMUNITY   PRIVATE   PRIVATE     Approved   Disapproved   Disapproved   Private   Private									
Risk factors are food r	RISK FACT	Contraction of the last	INTERVENTIONS	Disease Control and Provention as contributing factor	re la				
	paks. Public health interventions are control measures  Demonstration of Knowledge		oodborne illness or inju		COS R				
(IN) OUT	Person in charge present, demonstrates knowledge, and performs duties		IN OUT NO NA						
TUO, OUT	Employee Health Management awareness; policy present		IN OUT N/O N/A						
IN OUT	Proper use of reporting, restriction and exclusion  Good Hygienic Practices		IN OUT 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, rose and mouth		IN OUT N/O N/A						
(W) QUE NIG	Preventing Contamination by Hands			records)  Consumer Advisory					
IN OUT N/O	Hands clean and properly washed  No bare hand contact with ready-to-eat foods or		IN OUT N/A	undercooked food					
IN OUT	approved alternate method properly followed  Adequate handwashing facilities supplied &		Highly Susceptible Populations  /IN_OUT_N/O N/A Pasteurized foods used, prohibited foods not		3				
	accessible  Approved Source		CONTRACTOR AND THE STATE OF THE	offered Chemical					
IN OUT (N/O N/A	Food obtained from approved source Food received at proper temperature		IN OUT N/A Food additives: approved and properly used IN OUT Toxic substances properly identified, stored and						
IN OUT	Food in good condition, sa <sup>-</sup> e and unadulterated		Used  Conformance with Approved Procedures						
IN OUT N/O N/A	Required records available shellstock tags, parasite destruction		IN OUT N/A Compliance with approved Specialized Process and HACCP plan						
IN OUT N/A	Protection from Contamination Food separated and protected		The letter to the left of each item indicates that item's status at the time of the inspection.						
IN OUT N/A	Food-contact surfaces cleaned & sanitized		IN = in complia N/A = not applica						
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe tood		COS = Corrected	On Site R = Repeat Item					
	Good Retail Practices are preventative measures to con-	trol the intro							
OUT Paste	Safe Food and Water Curized eggs used where required	COS R	IN OUT In-use	Proper Use of Utensils utensils: properly stored	COS R				
Water	and ice from approved source		handl						
	Food Temperature Control uate equipment for temperature control			e-use/single-service articles: properly stored, used s used properly					
	ved thawing methods used nometers provided and accurate			Utensils, Equipment and Vending and nonfood-contact surfaces cleanable, properly					
No.	Food Identification		Ware	ned, constructed, and used washing facilities: installed, maintained, used; test					
Food	Food properly labeled; original container  Nonfood-contact surfaces clean  Prevention of Food Cortamination  Physical Facilities								
Insects, rodents, and animals not present Hot and cold wa			nd cold water available; adequate pressure bing installed; proper backflow devices						
and di	Contamination prevented during focd preparation, storage and display  Personal cleanliness: clean outer clothing, hair restraint,  Sewage and wastewater properly disposed								
finger Wiping	fingernails and jewelry  Wiping cloths: properly used and stored  Toilet facilities: properly constructed, supplied, cleaned								
Fruits and vegetables washed before use  Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean									
Person in Charge /Title: Date:									
Inspector: Telephone No. 29 EPHS Np. Follow-up: Sellow-up Date:									
MO 580-1814 (11-14)	DISTRIBUTION: WHITE -	OWNER'S COPY	Y CANARY	- FILE COPY	E6.37				



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FOOD PRODUCT/LOCATION	ADDRESS TEMP.	N Washington ECS	H Prairie	ZIP 2745 TEMP.
Ambient AvilAn pizza	140°F	An Sardwich Walke	line Cooler	37.1=
Alt Sandwich warme	2 1374	TI SMA COULT		J6 '
AATWAIK-IN COVIER	341	et l		Printer-draw II III III III
Reference Priority items contribute directly to the or injury. These Items MUST RECE	elimination, prevention or VE IMMEDIATE ACTION	IORITY ITEMS reduction to an acceptable level, hazards associate within 72 hours or as stated.	ed with foodborne illness	Correct by Initial (date)
10 - 0	- A MAY	2 1 1		
1,014	1/1 7/19-	STIME		
Code	Constituent controls from	ORE ITEMS	Company of the same state of	Correct by Initial
standard operating procedures (SSO	es). These items are to b	illilies or structures, equipment design, general maint be corrected by the next regular inspection or as	stated,	(date)
	1 1/1			
Morle	at the	STINCE		
				-
7				
	EDUCATION	PROVIDED OR COMMENTS	V	
Person in Charge /Title:	vis.		Date: // - 21	1-2024
Inspector: March	Teleph	one No.) - 2191 EPHS No.	Follow-up:  Follow-up Date:	Yes Z No