

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

TIME IN 5	TIME OUT		
PAGE of	2		

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: 2 PAIGO DE),	
CHTY/ZIP: PCOLOR 15845 PHONE - 1201						P.H. PRIORITY: ☐ H [] м 🗖 і	L
ESTABLISHMENT TYPE BAKERY	C. STORE CATERER				RY STORE		1	
PURPOSE Pre-opening	SCHOOL SENIOR CENTER Routine Follow-up Complain	TEMP. FOOD Other	<u> </u>	AVERN		☐ MOBILE VENDORS		
FROZEN DESSER	FROZEN DESSERT / SEWAGE DISPOSAL WATER SUPPLY							
License No.	□ Approved □ Disapproved □ Not Applicable License No. □ PRIVATE □ PRIVATE □ PRIVATE □ PRIVATE							
1 TO 1 TO 1 TO 1	RISK	FACTORS AN	DINTER	RVENT	TONS		19.3	100
	preparation practices and employee behaviors mo						ctors in	
foodborne illness outb	reaks. Public health interventions are control me Demonstration of Knowledge			ne illnes npliance	s or injury.	Potentially Hazardous Foods	COS	S R
IN) OUT	Person in charge present, demonstrates knowle				10 NIX	Proper cooking, time and temperature		3 K
<u> </u>	and performs duties	ougo,						
	Employee Health				/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present				/O(N/A)	Proper cooling time and temperatures		
INJOUT	Proper use of reporting, restriction and exclusion	n	CIN		N/A	Proper hot holding temperatures Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use				/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth				/Q(N/A)	Time as a public health control (procedures records)		
(5)	Preventing Contamination by Hands				6	Consumer Advisory	100	
IN OUT (N/O	Hands clean and properly washed		IN (OUT	(N/A)	Consumer advisory provided for raw or undercooked food		
IN OUT NO	No bare hand contact with ready-to-eat foods o approved alternate method properly followed				1	Highly Susceptible Populations		
IN JOUT	Adequate handwashing facilities supplied & accessible		IN (OUT N	Ø N/A	Pasteurized foods used, prohibited foods no offered		
	Approved Source				3	Chemical		
IN OUT	Food obtained from approved source		IN		(N/A)	Food additives: approved and properly used		
IN OUT NO NA	Food received at proper temperature		IN	001		Toxic substances properly identified, stored used	and	
IN OUT	Food in good condition, safe and unadulterated		-			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 Proc and HACCP plan			
Protection from Contamination IN OUT N/A Food separated and protected					the left of	each item indicates that item's status at the ti	me of the	
IN OUT N/A Food-contact surfaces cleaned & sanitized		inspection. IN = in compliance OUT = not in compliance						
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food			N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item					
	reconditioned, and unsale lood	GOOD RETAIL	PRACT	CES	-	The same of the sa		
	Good Retail Practices are preventative measures	s to control the intr	oduction	of path	ogens, che	emicals, and physical objects into foods.		,,
IN OUT	Safe Food and Water	COS R	,IN	OUT		Proper Use of Utensils	cos	R
Paste	eurized eggs used where required		X			ensils: properly stored equipment and linens; properly stored, dried,		
Wate	er and ice from approved source		λ		Utensils, handled	equipment and linens: properly stored, dried,		
	Food Temperature Control		7			se/single-service articles: properly stored, use	d	
	uate equipment for temperature control		X			sed properly		
	oved thawing methods used					Utensils, Equipment and Vending	100	
Ther	mometers provided and accurate		X		designed	d nonfood-contact surfaces cleanable, proper f, constructed, and used		
1	Food Identification		V		Warewas strips use	shing facilities: installed, maintained, used; te	ıt	
Food	properly labeled; original container		1	V		-contact surfaces clean		
, 500	Prevention of Food Contamination			1		Physical Facilities	en l	
Insects, rodents, and animals not present			V			cold water available; adequate pressure	1	
Contamination prevented during food preparation, storage and display		X		Plumbing	g installed; proper backflow devices			
Personal cleanliness: clean outer clothing, hair restraint,		X		Sewage	and wastewater properly disposed			
fingernails and jewelry Wiping cloths: properly used and stored		X		Toilet fac	cilities: properly constructed, supplied, cleaned			
	s and vegetables washed before use		V		Garbage	/refuse properly disposed; facilities maintaine		
			1	V	Physical	facilities installed, maintained, and clean		
Person in Charge /	Title:					Date: 10 - 24 - 2	024	
Inspector:	Marria	Telephone No.	2.2	191	EPHS No	Follow-up: Yes	Y	No
MO 580/1814 (11-14)	DISTRIBUTION:	WHITE - OWNER'S CO	PY	1.1	CANARY - FIL	The state of the s		E6 37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



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

TIME IN/S	TIME OUT
PAGE of	2

ESTABLISHMEN	OD PRODUCT/LOCATION	ADDRESS 2 PY	airie Dr.	East Prairie	7 38 1/ TEMP	5
Ampo	mp cot Arc (AF) nick cooler 35°F					
Arch	TA Thouse cooler 33°15					
Code		90	ORITY ITEMS		Correct by	Initial
Reference	Priority items contribute directly to the elim or injury. These Items MUST RECEIVE II	ination, prevention or MMEDIATE ACTION w	reduction to an acceptable level, hazards as yithin 72 hours or as stated.	ssociated with feedborne illness	(date)	moai
	home of the time					
		No.				
Code			DRE ITEMS		Correct by	Initial
Reference	Core items relate to general sanitation, op- standard operating procedures (SSOPs).	erational controls, facili These items are to be	lies or structures; equipment design, gener a corrected by the next regular inspection	al maintenance or sanitation n or as stated.	(date)	(Addis)
6-202.1	Back dow In	storage onto	ared dois not	property.	NRI	
1.6.11		or areas		hy and have	NIDT	
0-501.1	Lebys in Juna	The pyrons	or short out our	Jana nave	IVI	
5+501.1	13 (B) Dumpste	rioso	relettopen		NRI	
	1					
	11110+-1211	EDUCATION	PROVIDED OR COMMENTS	e na mpie neut z	1111111	
Domes is Ob	MRI - MEX	f rach	a inspection		7 2 2	/
Person in Charge /Title: Date:						No
MO 580-1814 (11-14	a Water	DISTRIBUTION: WHITE - OWN	1 (105 x 19) 110X1	Follow-up Date:	Yes 🏋	E6:37A