

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

TIME)N. 30	TIME OUT			
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NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOTED BELOW IDENTIF CTION, OR SUCH SHORTER PERIOD OF TIME AS MA S FOR CORRECTIONS SPECIFIED IN THIS NOTICE M	AY BE SPE	CIFIED IN WE	RITING BY TH	HE REGULATORY AUTHORITY. FAILURE TO	TED BY THE COMPLY	
ESTABLISHMENT	TH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OF STABLISHMENT NAME: OWNER:						
ADDRESS: 707 W WOSHMATON					COUNTY SISSIPPI		
9TY/ZIE: Praivile 2845 PHONEIG 3535 FAX:					P.H. PRIORITY: D H .	Л 🗆 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 Disap							
Risk factors are food r	RISK FAC preparation practices and employee behaviors most com-		INTERVE		pase Control and Prevention as contributing factor	re in	
foodborne illness outbre Compliance	eaks. Public health interventions are control measure: Demonstration of Knowledge	s to prevent	foodborne illn	ness or injury.	Potentially Hazardous Foods	COS R	
IN OUT	Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature		
IN_OUT	Employee Health Management awareness; policy present		24 CAS 24 TO SECURE	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Proper reheating procedures for hot holding Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion Good Hygienic Practices		IN OUT		Proper hot holding temperatures Proper cold holding temperatures		
IN OUT N/O IN OUT N/O	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth		IN OUT	N/O N/A	Proper date marking and disposition Time as a public health control (procedures /		
	Preventing Contamination by Hands				records) Consumer Advisory		
IN OUT 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 IN OUT N/O N/A	Food obtained from approved source Food received at proper temperature		IN OUT	N/A	Chemical Food additives: approved and properly used Toxic substances properly identified, stored and used		
IN OUT N/O N/A	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite destruction		IN OUT	N/A	Conformance with Approved Procedures Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Protection from Contamination Food separated and protected				each item indicates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized			in compliance			
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			not applicable Corrected On			
	Good Retail Practices are preventative measures to cor		PRACTICES		unicals, and physical phiects into foods		
IN OUT	Safe Food and Water	COS R	IN OUT		Proper Use of Utensils	COS R	
	urized eggs used where required and ice from approved source		1		ensils: properly stored equipment and linens: properly stored, dried,		
Adam	Food Temperature Control uate equipment for temperature control			Single-us	se/single-service articles: properly stored, used sed properly		
Appro	ved thawing methods used				Utensils, Equipment and Vending I nonfood-contact surfaces cleanable, properly		
Inem	nometers provided and accurate		4	designed	, constructed, and used shing facilities: installed, maintained, used; test		
Food	Food Identification			strips use			
	properly labeled; original container Prevention of Food Contamination				Physical Facilities		
Conta	ts, rodents, and animals not present emination prevented during food preparation, storage				cold water available; adequate pressure g installed; proper backflow devices		
and display Personal cleanliness: clean outer clothing, hair restraint,			Sewage a	and wastewater properly disposed			
Wipin	nails and jewelry g cloths: properly used and stored				clities: properly constructed, supplied, cleaned		
Fruits	and vegetables washed before use		V		/refuse properly disposed; facilities maintained facilities installed, maintained, and clean		
Person in Charge /Title: Date: 22 - 2125							
Inspector:	Inspector: Felephone No. 291 EPHS No. Follow-up: Yes V No. Follow-up Date:						
MO 588-1814 (11-14)	DISTRIBUTION: WHITE	OWNER'S CO	PY	CANARY - FIL		E6.37	



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ESTABLISHMENT NAME ADDRESS A	SI Pane 1, 3715					
FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCAT						
Ambert Av (AM) produce wer 4/02 An meat dispay	Cooler 39th					
All mile walk mood 34th All Vell Explana	Couler 37%					
AH produce walk-nows 370+ AH Tunch med!	ierler 36 or					
Code PRIORITY TEMS	Connect bus Initial					
Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associate or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	d with foodborne illness (date) Initial					
nove at this two i						
11010 111111111111111111111111111111111						
Code CORE ITEMS	Correct by Initial					
Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general main standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as	tenance or sanitation (date) stated.					
2011(A) Light hat worker a in walking collection to	20/10 1107					
2 control cight not works of it water come with	MIL.					
5-50. 1 Danieged and Mossing floor tilk in produ	ce room ARI					
)						
EDUCATION PROVIDED OR COMMENTS						
Distussed in good propit of redeng tile flour in heat room						
Person in Charge Mitte:	Date: 1, 22 2/25					
Inspector: Telephene No. 3 2 FPHS No.	Follow-up: Yes No					
	Follow-up Date:					