

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

TIME INDO		TIME OUT 5				
PAGE	of c	2				

ASED ON AN INSPECTION THIS DAY, THE TIEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE EXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY ITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.											
ESTABLISHMENT		OWNER:	A		IN OLOGA	TION OF TO	01(100)	PERSON IN CHARGE:			
ADDRESS: 5	F Pine	***************************************						COUNTY			
OTTY/ZIP: PRIORITY: DIE MOLE - 2465 FAX: P.H. PRIORITY: DIE MOL											
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		Other		<u> </u>	1014		I MODILE VERDORO			
FROZEN DESSER DApproved Disapp License No.	Approved ☐ Disapproved ☐ Not Applicable ☐ PUBLIC ☐ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE										
		RISK FACT						entral district a part			
foodborne illness outb	preparation practices and employer preaks. Public health intervention	ee behaviors most com s are control measures	to prever	orte	odborne illi	ness or injury	ease Cor	ntrol and Prevention as contributing factor	rs in		
Compliance IN OUT	Demonstration of K Person in charge present, demo	All The State of t	cos	R	Compliar IN OUT	N/O N/A	Proper	Potentially Hazardous Foods cooking, time and temperature	cos	S R	
	and performs duties					×					
UN OUT	Management awareness; policy	present			IN OUT	N/O_N/A	Proper	cooling time and temperatures			
IN OUT				_	-						
IN OUT N/O	Proper eating, tasting, drinking	or tobacco use			IN OUT	N/Q N/A	Proper	date marking and disposition			
N OUT NO					TN OUT	N/O N/A					
IN OUT N/O					IN OUT	N/A	Consur				
IN OUT N/O				_				ooked food			
/IN OUT	approved alternate method prog	erly followed		_	(AL CUIT	N/O N/A	Destau		4		
(N) 001 .	accessible				(IN) DOI	N/O N/A					
IN OUT					(IN) OUT	N/A	Food a				
IN OUT NO NIA							Toxic s				
OUT OUT						-0	Co				
IN OUT N/O N/A	Required records available: she destruction	llstock tags, parasite			IN OUT	NIA					
(IN) OUT N/A	The state of the s	tamination					f each ite	em indicates that item's status at the time	of the		
IN OUT N/A		& sanitized		-			e	OUT = not in compliance			
IN OUT (N/O)		previously served,			N/A = not applicable N/O = not observed						
	reconditioned, and unsafe food	In OUT NUM									
A STATE OF THE REAL PROPERTY.	Good Retail Practices are preven						emicals,	and physical objects into foods.			
IN OUT		rany and a large	COS R		IN OU				cos	R	
Water and ice from approved source			Î	Utensils	, equipme						
						Single-u	se/single				
	quate equipment for temperature co roved thawing methods used	ontrol				Gloves					
Thermometers provided and accurate						d nonfoo	od-contact surfaces cleanable, properly				
Food Identification					Warewa	shing fac					
Food properly labeled; original container			7			surfaces clean		-1			
						Hot and	cold wat			-	
Insects, rodents, and animals not present Contamination prevented during food preparation, storage								Ì			
and display Personal cleanliness: clean outer clothing, hair restraint,				Sewage	and was	stewater properly disposed					
fingernails and jewelry Wiping cloths: properly used and stored					Toilet fa	cilities: n	roperly constructed, supplied, cleaned				
	is and vegetables washed before u				\forall	Garbage	e/refuse p	properly disposed; facilities maintained			
Person in Charge	Title: 1 + 04.1/				- V	Physica	racinties	Date: /// 0 6			
	Keak M	1 1		_		LEBUON		1-14-2020	1	lo.	
Inspector:	Marian	Leieph	one No.	3	2191	EPHS N	1	Follow-up Date:		No	
MO 580-1814 (11-14)		DISTRIBUTION: WHITE -	OWNER'S C	OPY		CANARY - FI	ILE COPY	4	7	E6.37	



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

TIME INS	TIME OUT 5
PAGE 2 of	\mathcal{Q}

ESTABLISHMENT NAME () () () () ()	ADDRESS 5	Pine	Fost Prairie	3845
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	LOCATION	TEMP
Ambentar (AH) make	35°F			
AA Saturn Cooler	39115			
AA fridge in kitchen	3600			
Code Reference Priority items contribute directly to the elin	PRIO	ORITY ITEMS	sspriisted with foorthorne illness	Correct by Initial (date)
Reference Priority Items contribute directly to the elic or injury. These Items MUST RECEIVE I	MMEDIATE ACTION W	thin 72 hours or as stated.	SACIONAL MILITERATION IN CORP.	Koniej
	none at	thistime	,	
	000	DRE ITEMS		Correct by Initial
Code Reference Core items relate to general sanitation, o standard operating procedures (SSOPs).	perational controls, facility These items are to be	lies or structures, equipment design, gene corrected by the next regular inspection	eral maintenance or sanitation on or as stated.	(date)
None	At th	is time		
	EDITO ATTION	DROVIDED OR COMMENTO		
	EDUCATION	PROVIDED OR COMMENTS		
			I Date A	
Person in Charge / Fitte:	T		Pollow-up:	U25
Inspector: Mo 580/18/4 (14:14) March	DISTRIBUTION WHITE - OWN	ONE NO - 791 EPHS NO.	Follow-up: Follow-up Date:	Yes No