

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

TIMEIN	TIME OUT
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NEXT ROUTINE INSPECTIVE LIMITS	TION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY CTION, OR SUCH SHORTER PERIOD OF TIME AS MAY FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY	BE SPECIF	FIED IN WRI	TING BY TI	HE REGULATORY AUTHORITY. FAILURE TO CO IR FOOD OPERATIONS.	ED BY THE OMPLY			
ESTABLISHMENT	HMENT NAME: OWNER:				PERSON IN CHARGE:	PERSON IN CHARGE:			
ADDRESS: (eC									
CITY/ZIP:	Mo 105608 PHONE: 43.	5754	FAX:		P.H. PRIORITY : Д H ☐ M				
ESTABLISHMENT TYPE  BAKERY RESTAURANT	C. STORE CATERER - DELI SCHOOL SENIOR CENTER TEMP.	FOOD	☐ GROCE	ERY STORI	INSTITUTION  MOBILE VENDORS				
PURPOSE Pre-opening		Other							
FROZEN DESSERT	/	L V	WATER SU ☐ COMMU		□ NON-COMMUNITY □ PRIVATE Date Sampled Results				
	RISK FACTO								
Risk factors are food p foodborne illness outbr	oreparation practices and employee behaviors most commo eaks. Public health interventions are control measures to	only reporte prevent for	d to the Cent odborne illne	ters for Dise ess or injury	ease Control and Prevention as contributing factors				
Compliance IN_OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge,	COS R	Compliance		Proper cooking, time and temperature	COS R			
iii, oo i	and performs duties  Employee Health		IN OUT N		Proper reheating procedures for hot holding				
IN' OUT	Management awareness; policy present		IN OUT N	V/O N/A	Proper cooling time and temperatures				
IN OUT	Proper use of reporting, restriction and exclusion  Good Hygienic Practices		IN OUT N	N/A 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		IN OUT N		Proper date marking and disposition Time as a public health control (procedures /				
IIV OOT N/O			114 001 1	V/OZIVIA:	records)				
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed		IN OUT	(N/A)	Consumer Advisory Consumer advisory provided for raw or undercooked food				
(NY 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 &		IN OUT N	V/O N/A	Pasteurized foods used, prohibited foods not offered				
	accessible Approved Source				Chemical				
IN OUT 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  Toxic substances properly identified, stored and				
C.			(J) 441		used				
IN OUT Food in good condition, safe and unadulterated IN OUT N/O N/A / Required records available: shellstock tags, parasite			IN OUT	N/A)	Conformance with Approved Procedures  Compliance with approved Specialized Process				
	destruction  Protection from Contamination				and HACCP plan	<del> </del>			
IN OUT N/A	Food separated and protected		The letter to inspection.		each item indicates that item's status at the time of	f the			
IN OUT N/A	OUT N/A Food-contact surfaces cleaned & sanitized			compliance ot applicable					
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			orrected On					
April 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GOOD		RACTICES	100					
IN OUT	Good Retail Practices are preventative measures to control Safe Food and Water CO		IN OUT	hogens, che	Proper Use of Utensils	COS R			
Paste	urized eggs used where required			In-use ut	ensils: properly stored				
Water	and ice from approved source		-	handled	equipment and linens: properly stored, dried,				
Aden	Food Temperature Control uate equipment for temperature control		-		se/single-service articles: properly stored, used lised properly				
- Appro	ved thawing methods used			1201	Utensils, Equipment and Vending				
Thern	nometers provided and accurate		No.	designed	d nonfood-contact surfaces cleanable, properly d, constructed, and used				
	Food Identification			Warewas	shing facilities: installed, maintained, used; test				
Food properly labeled; original container				-contact surfaces clean					
Prevention of Food Contamination  Insects, rodents, and animals not present		-	Hot and	Physical Facilities cold water available; adequate pressure					
Contamination prevented during food preparation, storage and display			-	Plumbing	g installed; proper backflow devices				
Personal cleanliness: clean outer clothing, hair restraint,			_	Sewage	and wastewater properly disposed				
fingernails and jewelry Wiping cloths: properly used and stored			-		cilities: 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:   Owner   Date:   // 25/25									
Inspector: Telephone No. EPHS No. Follow-up:									
MO 580-1814 (11-14)	MY KITCHIVOID DISTRIBUTION WHITE-OV	1083	-4174	CANARY - FI	Follow-up Date:	E6.37			



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ESTABLISHMENT NAME	ADDRESS	N. Jeffers	AVA MUSICIANIA	1056	(18)
FOOD PRODUCT/LOCATION	Highic ADDRESS 105 No Jefferson AVA MUSTATION TEMP. FOOD PRODUCT/ LOCATION		TEMP.		
Coster	40-				
Freezer	0-				
Code Reference Priority items contribute directly to the eli	mination, prevention or MMEDIATE ACTION w	ORITY ITEMS reduction to an acceptable level, hazards a vithin 72 hours or as stated.	associated with foodborne illness	Correct by (date)	Initial
October 1 these stells wood RECEIVE		mini 12 hours of as stated.			
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Code Reference Core items relate to general sanitation, or standard operating procedures (SSOPs).	perational controls, facil	ORE ITEMS ilies or structures, equipment design, gene e corrected by the next regular inspecti	eral maintenance or sanitation on or as stated.	Correct by (date)	Initial
		V			
		11 Ction			
	4/1	The last			
		U			
	100				
	EDUCATION	PROVIDED OR COMMENTS			
Person in Charge /Title:		ewner	Date:	- 1	
	10	008/6/	1 + 16 11 .		
Inspector:		one No. EPHS No.	Follow-up:  Follow-up Date:	Yes [	No No