

Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

a Willes							USE	ONLI				
Establishment Name	ACA!	30	TT	ES	5		Name	□ Owner □ Ge	neral Man	ager		
Physical Address	W 8	H		-		City	VTT			Z	ip	851
Mailing Address City Zip						135						
County This inspection is a(n) Telephone No. of No. of Rooms Is the current lodging license displayed?							d?					
☐ Initial ☐ Annual ☐ Rooms Inspected:	I Follow-up)	-	Moto	r Sup	Stories	11	Wastewater	NO LIN/A	- new		
Rooms inspected:	249	-	44	□ Priv		□ Public			□ Public		-	
Water sample taken □ Yes □ No Regulated by: □ DHSS □ DNR												
Swimming Pools/Spas (check all that apply)												
Indoor pool Outdoor pool Spa Pool larger than 2000 square feet S								eet 🗇				
Please check if the following	New Lo	daina	Ectab			D N/A	,		J - 1 - 1 - 1 - 1		1	
local ordinances apply												
☐ Fire Safety ☐ Electrical Wiring	Smoke de				-	Yes No		ing Pool Certified		No or C		
Plumbing	Fire alam	n syste	m insta	illed	.25	Yes No	Permit	Certified to Nation	Yes	us or C		Эу
Swimming Pools/Spas	Sprinkler	system	install	ed	15	Yes No 🗆		al Building	☐ Yes	= N		V/A
☐ Fuel Burning Appliances Based on an inspection this day, the ite		-						se which must be c	orrected n	rior to i	ssiiance	or
renewal of your lodging license. Failure	e to comply	with a	nv time	limits f	or corre	ections specified	in this notice m	nay result in revoca	tion of you	r lodgir	ng licens	e
and/or prosecution. Owners may reque	est a hearin	g befor	e the [Departm	nent Dir	ector upon filing	a written reque	est within ten days a	after receip	t of this	s notice.	
(RSMo 315.005-065, 19 CSR 20-3.050							110-11-	. O A	/A-N/-A A-	- Carl	400	
In=In Compliance Ou Section A & B: Water Supply & Was		In	Out	The state of the s	N/A	litional page(s) Section E: Fir		t Observed N	/A=Not Ap		ut NO	N/A
Approved source, construction and c	peration	1	Out	110	INIA	1. Textiles, han		ors		11.	110	
2. Complies with water quality standard		V	200			2. Fire extingui	sher type, insp	ected, and location		11/		
Chlorinator maintained and operated	and the contract of the contra	1			W	3. Vertical oper			- 3	11		
 Wastewater operation and maintena Section C: Sanitation/Housekeeping 		N	1			4. Doors, self-c		-rated I, installed, good re	nair	H	4	
Walfs, floors and ceilings in good rep		1	6	1				installed, available		11		
2. Housekeeping practices and furnishings 7. Stairs and ramps, maintained, storage						1						
Towels and bed linens clean 8. Means of egress, number, maintained					11							
4. Mattresses and box springs clean		1	1		-			aintained and appro	opriate	3		
5. Pest control procedures6. Ice machines, scoops, liners clean &	protected	Y	-			Section F: Sw 1 Fence gate		er closure mechan	ism	1		
7. Garbage storage and disposal	protected	N.						properly marked				
8. Premises maintained, plant growth c	ontrolled	V		X		3. Deck is clea				1/ -		
Food Inspection conducted according		R20-1.	025	1	7			lequate, good rep		47		
 Food, equipment and single service/ Food protected from contamination 		-	17					it, & temp. maintair iils installed, good r		1		
11. Facilities to wash, rinse and sanitize		1	1			7. Adequate ve		ilis iristanca, good i	оран	1		
12. Handwashing facilities/hygienic pra		V				THE RESERVE THE PROPERTY OF THE PARTY OF THE	The state of the s	otection & distance		1		
Section D: Life Safety		1		· -		9. Records ma		gns posted	-	1/		
Combustible/toxic items usage and s Ruilding maintained to segure safe a		-4/	-			10. First aid kit 11. Lighting ad		good repair		3/		
 Building maintained to assure safe c CO detectors hardwired, installed, g 		7				Section G: PI				1		ATT
4. GFCI, outlets & switches installed, g		1		1		1. Equipment a	adequate, good	repair	- 5	11		
5. Exit signs installed, good repair		4	1	1				bing, restrooms		4/4		
6. Emergency lighting installed, good re 7. Electric panel protected, labeled, good		-A	1 7	1		3. T & P relief valves adequate, good repair 4. Relief valve discharge pipes installed, adequate						
Required Annual Third Party Inspec	tions	760	~	-	-	5. Backflow, ai				7		
Fire Alarm System	217212	V	V .			Section H: He	eating & Cooli	ng		1		
2. Sprinkler System		1	14		1			liance/space heate	г -	1/		
 Local Fire and Building Codes/Ordin Current Boiler/Pressure Vessels MD 		-		-	100	2. Fire resistan	it room or sprin	kler head		1		
Certification	-5	1	1			3. Location of I	heating/cooling	units	-	11		
Backflow Device(s) Test		1				4. Ventilation of	of appliances a	nd utility rooms	5	17		
6. Liquid Propane Leak Test					V	5. Operation a		lequate		/		- 00
INSPECTED BY (PRINT NAME ar	nd SIGN)	ng e	11/1		EPH	IS NUMBER A	AGENCY	MITPICOI	TELEPH	IONE	00 /00	-00
DON LUGFFORD	tom 1	1	HYK	arel		11-87	-0.17E/	ALTH CLEA	UTER	1	165	6
LICENSING YEAR	1		UD				DATE INSPE	CTED	FOLLO	V UP I	DATE	-
	APPRO\	/FD		'ES	100	NO	100-1	7-22	106	-3		X
RECEIVED BY (PRINT NAME AN					100	1 1/2	7	1 1	PAGE 1	OF	5	- 1
			1-	10	1	11/2	-				-2	
Hallran Kosan	1401		//	V	1	11/1						



Missouri Department of Health and Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

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Establishment Name Section Reference	LNO AND DUTTES HIGHWAY SH HAYTT
D.6.	Hemeroencis lights, unuld, not
OR C	ane in when tested:
I. Vu	st plan to left of tolily liekare
one	epil sien.
2. 64	and floor on east vide where the
fall	way luns.
J94654	Hold emergency lights in the soul
1000	n. n .
(A.P.), [.	on the small electric panel room
1	ne kinst beaan the retiones cent
Luke	when witched an Replace bulles
al	exain so that a came an.
ob 9	Ot with dispenses semane with
AND C./C/	ash, delvis, from margine belief
the.	name. Note-out mills dispense
tulie	en a diagonal
ds. 9.	Water drips from the vada fountain
and Stal	in ice dispenser chute at a constan
tate	desulting in water under the
INSPECTED BY	er drip. RECEIVED BY 2011 DATE
MO 580-2569 (6-1	8) 2 Hard 10/1/2 (7/ 08-17-22
/ NO 300 2003 (0°)	



Missouri Department of Health and Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

Page of

Establishment Name	Physical Address City
URURY	NA) AND DUTTES HWY, OH MAYTI
Section Reference	Observations, comments, and corrective measures
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	and the the metrice south that the
WYY .	LIDAN KIMA REMAIR CHILLIS KIMA
AUR	content of
dia.	in.
C.TO.	Remove delivis from the walk-
2011	Lan couer.
Lille	a ferri soult.
Eta El Weigh of	
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No. of the state o	
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	San Paris per la
	William - Oggit 9
de aguero re-	
INSPECTED BY	RECEIVED BY DATE
mi	LOHRADO. 108-17-22
MO 580-2569 (6-1	6) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A



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

TIME IN	() AM	TIMEOUT
PAGE	of	2

NEXT ROUTINE INSPEC	TION THIS DAY, THE ITEMS NOTED BELOW IDENTIF CTION, OR SUCH SHORTER PERIOD OF TIME AS MA FOR CORRECTIONS SPECIFIED IN THIS NOTICE MA	Y BE SPEC	IFIED IN WRITING B	TIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE Y THE REGULATORY AUTHORITY. FAILURE TO COMPLY YOUR FOOD OPERATIONS			
ESTABLISHMENT N		HIDC	K DRD	PERSON IN CHARGE:			
ADDRESS: 13	7 FAST HULY, SH	/	1	COUNTY: PEMISCOT			
CITY/ZIP: P.H. PRIORITY : H \ M L							
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERER DEL		GROCERY ST	ORE INSTITUTION HOTEL			
PURPOSE Pre-opening	Routine Follow-up Complaint] Other					
FROZEN DESSERT Approved Disappr License No.	sewage DISPOS DISPOSE PUBLIC PRIVATE	SAL	WATER SUPPLY COMMUNITY				
			INTERVENTIONS				
foodborne illness outbro	eaks. Public health interventions are control measures	s to prevent	foodborne illness or in				
Compliance (IN) OUT	Person in charge present, demonstrates knowledge, and performs duties	COS	IN OUT N/O N/A	Proper cooking, time and temperature COS COS			
(IN) OUT	Employee Health		IN OUT N/O N/				
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclusion		(IN) OUT N/O N/	Proper hot holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking or tobacco use		(IN) OUT N/O N/	A Proper date marking and disposition			
IN OUT N/O	No discharge from eyes, nose and mouth		IN OUT N/O(N/	records)			
IN OUT N/O	Preventing Contamination by Hands 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			Highly Susceptible Populations			
(IN) OUT	approved alternate method properly followed Adequate handwashing facilities supplied & accessible		IN OUT N/Q N/	Pasteurized foods used, prohibited foods not offered			
The Color	Approved Source		IN OUT N/A	Chemical Food additives: approved and properly used			
IN OUT NO N/A	Food obtained from approved source Food received at proper temperature		IN OUT	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			
2	Protection from Contamination		The letter to the le	eft of each item indicates that item's status at the time of the			
IN OUT N/A	Food separated and protected		inspection IN = in compl				
IN OUT N/A	Food-contact surfaces cleaned & sanitized		N/A = not appli	cable N/O = not observed			
IN OUT (N/O)	Proper disposition of returned, previously served, reconditioned, and unsafe food		COS = Correcte	d On Site R = Repeat Item			
	Good Retail Practices are preventative measures to co	ntrol the intr	PRACTICES oduction of pathogens	s, chemicals, and physical objects into foods.			
IN OUT	Safe Food and Water	COS R	IN OUT	Proper Use of Utensils COS R se utensils: properly stored			
	eurized eggs used where required er and ice from approved source		Uter	nsils, equipment and linens: properly stored, dried			
4/	Food Temperature Control		han	dled			
	uate equipment for temperature control			ves used properly Utensits, Equipment and Vending			
	oved thawing methods used mometers provided and accurate		Foo	d and nonfood-contact surfaces cleanable, properly			
	Food Identification		des	igned, constructed, and used rewashing facilities: installed, maintained, used; test			
A = A	a continue to the		strip	os used			
Food	Prevention of Food Contamination		Non	food-contact surfaces clean Physical Facilities			
	cts, rodents, and animals not present			and cold water available; adequate pressure mbing installed; proper backflow devices			
and	amination prevented during food preparation, storage display		-				
finge	onal cleanliness: clean outer clothing, hair restraint, rnails and jewelry		1	vage and wastewater properly disposed			
√/ Wipin	ng cloths: properly used and stored			et facilities: properly constructed, supplied, cleaned bage/refuse properly disposed, facilities maintained			
	s and vegetables washed before use		Phy	sical facilities installed, maintained, and clean			
Person in Charge /	11/1/2 01/ 9/11			Date: 08-17-32			
Inspector:	1 Tolep	hone No.	EPH	S No. Follow-up: Yes No. Follow-up Date:			
MO 580-1814 (1,1-14)	DISTRIBUTION: WHITE	- OWNER'S CO	DPY CANAR	RY - FILE COPY			



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

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WHERE .	DRINDY TIME	7		PAGE Of a	Χ	
ESTABLISHMEN	ENAME AI	DORESS FAST HU	V. SHI CITY H	AVTT	ZIP	×11
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HERR		= 40°F SAUSAG		DING	135	7-
MILK	TRUE TRINGE (C	CONCLESSION) 3	7°F	20	17 17 17	
MILK	MITLK DISPEN	ER OTTORAVY	HOL HOLDE	V6	1440	
HOT DAG	S WALK-IN COO	LER 35°F BEER	BEVERAGE A	TR BEE	R COOL	ER 3
Code Reference	Proofly items contribute directly to the elimin	PRIORITY ITEMS			Correct by (date)	Initial
TSUIGIGING:	Priority items contribute directly to the elimin or injury. These items MUST RECEIVE IMN	EDIATE ACTION within 72 hours or as s	stated.	THE TENED STATE MINES	(ustu)	
			-		-	
	M	, , , ,	1			
	16	- marily -	illms			
	5	1				
		-			-	
	4					
Code		CORE ITEMS				Initial
Reference	Core items relate to general sanitation, oper standard operating procedures (SSOPs). Ti	ational controls, facilities or structures, equi hese items are to be corrected by the ne	ipment design, general mainten xt regular inspection or as st	ance or sanitation ated.	(date)	75
n	Dinallo	· Da . Da . A	of Dies	1	11.45	10
	Remare m	ya nplasn	allen	Denic	- MI	LR.
08-31-0	BUSHENNER -	wering t	the now	nie.	08-3	1-33
300			, , , , , ,	1		
60	Water Dry	IN MARIA	oda la	unlew	nie	0
00	dispenser.	chitto at	a. capai	ant	noyb	0
05-31	Wan Jan	o usatos	unales 7	The m	Dial	ino
	Danal Ma	alimo Ta	nanco	11/20		
	Repair ma	Charle ace	MIEHENLL	wal	18-31	- 35
	Ramana di	Dries Kram	the we	ald-	BINA	alla
OR,	To a control	EUD JOUNE	. we w	and -	0-3	
08-31	Jan Care	L. U			05 ~	-9.6
	0		r_		/ 3	
0 18	to more and	EDUCATION PROVIDED OR CO	MMENTS	In rom	A	01
V.III	annang our	TOTAL ALM	part of	WILL CONTRACT	U WELL	WIL
Person in Ch	parge /Title:	- 100 ppm-12	W HA	Date:	5	
011		Tolonhama Na 572-	VM.	05-1	Yes -	No
Inspector:\	an Worker O	Telephone No. 3/3-	1/24	Follow-up: Date:	Yes [-200
MO 580-1814 (11-1	4) [//] DI	STRIBUTION: WHITE - OWNER'S COPY	CANARY - FILE COPY			E6.37A



Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

- Million								USE C	SINE						
Establishment Name	ND E	Suto	ET	ES			Name		Own	er □ Ge	neral M	anage			
Physical Address	g. 84	1				City						81			
Mailing Address	SZY			7		City Zip									
County This inspection is a(n) Telephone			5%	3-	No. of	No. of F	Rooms		Is the current lodging license displayed?			d?			
□ Initial □ Annual □ Follow-up						Stories	1	1		☐ Yes ☐ N	No 🗆 N	I/A- ne	W		
Rooms Inspected:	-			□ Pri	r Supp					tewater	C Duki			-	- 19
100 100 11	0001	06	5			□ Public le taken □ Ye	o P No		□ Pri		□ Publ			ID.	
-12		201								lated by:	⊔ DHS	5		NK	-
white with a state of			A		r pool	Pools/Spas (c Outdoor		Spa		Pool larg	ger tha	n 200) ean	ara fo	oot 🖾
Please check if the following	New Lo	daina	Estab			N/A		Ора	160	1 Oor larg	ger irra	11 200	o squ	are re)CL 5
local ordinances apply	1-11	- 173						8 / 3							
☐ Fire Safety ☐ Electrical Wiring	Smoke de					Yes No				Certified				O N	
Plumbing	Fire alam	n syste	m insta	lled	130	Yes No			Certifie	d to Nation				upand	;у
Swimming Pools/Spas	Sprinkler	evetor	inetall	od	757	Yes D No D		ermit	Duildi	200	Yes Yes		No No	= N	1/ /
☐ Fuel Burning Appliances								istorical				- 5		ĒΝ	
Based on an inspection this day, the iter	ms marked	d "Out"	below i	dentify	noncon	npliance in opera	ations or	facilities	which	must be co	orrected	prior	o issu	ance	or
renewal of your lodging license. Failure and/or prosecution. Owners may reque (RSMo 315.005-065, 19 CSR 20-3.050)	st a hearin	y with a	re the [Departm	or corre	ector upon filing	a written	request	y resu t withir	it in revocat i ten days a	tion of y after rec	our loc eipt of	this n	cense otice.	9
		omplia	ince, e	xplain	on add	itional page(s)	N	O=Not C	Obser	red N	/A=Not	Applia	able		
Section A & B: Water Supply & Wast	ewater	In /	Out	NO	N/A	Section E: Fir						In	Out	NO	N/A
Approved source, construction and or		24				1. Textiles, har						V.			
2. Complies with water quality standards		~	-		-/	2. Fire extingui						1			
 Chlorinator maintained and operated Wastewater operation and maintenant 		-			34	Vertical openings fire-rated, self-closing Doors, self-closing and fire-rated					-1/2				
Section C: Sanitation/Housekeeping		- ×				5. Smoke dete				d good ro	nair	Y-			
Walls, floors and ceilings in good repart		1.00										7/			
2. Housekeeping practices and furnishing		27			-	6. Evacuation route and plan, installed, available 7. Stairs and ramps, maintained, storage									
3. Towels and bed linens clean					8. Means of egress, number, maintained				- whi		-				
Mattresses and box springs clean		37				Handrails and balconies maintained and appropriate				14					
5. Pest control procedures		11				Section F: Sv						- 7			
6. Ice machines, scoops, liners clean &	protected	1				Fence, gate adequate, proper closure mechanism Boundary line, pool depth properly marked				90					
7. Garbage storage and disposal8. Premises maintained, plant growth co	ntrolled	-44				Boundary III Boundary III Boundary III				marked		14	-	-	
Food Inspection conducted according		R20-1	025	-	l	4. Lifesaving				good rep	air	-7/	-	-	
9. Food, equipment and single service/L		-	-		i -	5. Pool clarity,						2/			
10. Food protected from contamination		7				6. Steps, ladde						100			
11. Facilities to wash, rinse and sanitize		100			-	7. Adequate ve						1			
12. Handwashing facilities/hygienic prac	ctices	N/		1		Electrical outlets, proper protection & distance					50				
Section D: Life Safety		-/		-	_	9. Records ma			s post	ed		V	_		
 Combustible/toxic items usage and st Building maintained to assure safe co 						10. First aid kit 11. Lighting ad			ad ron	oir	- 36	50).		-	
CO detectors hardwired, installed, go		1			-	Section G: PI				all		24	-	- 1	
4. GFCI, outlets & switches installed, go		1				Equipment a						1			
5. Exit signs installed, good repair		W				2. Ventilation a				trooms		1			
6. Emergency lighting installed, good re		100/				3. T & P relief valves adequate, good repair					w/)				
7. Electric panel protected, labeled, goo		1 0/		l		4. Relief valve					te	40			T
Required Annual Third Party Inspecti	ons			-		5. Backflow, ai				ctions		-66			
Fire Alarm System Sprinkler System		-47			-	Section H: He				one beeter		- 1	-	-	
Local Fire and Building Codes/Ordina	nces	1			-/-	Unvented fu Fire resistant						4		-	
Current Boiler/Pressure Vessels MDF Certification		1				3. Location of h				-		1			
Backflow Device(s) Test		1				4. Ventilation of				rooms		2/1			
6. Liquid Propane Leak Test					1	5. Operation at				. 501110	VD	1			
INSPECTED BY (PRINT NAME and	d SIGN)		12 1		EPH	S NUMBER A			MI	SCOT	TELEF	PHON	E 5	7-6	4.3
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LICENSING YEAR			40				DATE IN	SPECT	ED		FOLL	DW U	DA.	ΓE	
20/20 A	PPROV	/ED	BY	ES		10	18	31.	-	2		-			
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Missouri Department of Health and Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

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Establishment Name	Physical Address City A
Section Reference	Observations, comments, and corrective measures
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MO 580-2569 (6-	16) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A



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

TIME IN	10 P	TIME OUT	15	PN
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	MAIRI	1							
ADDRESS: 12 /2 EAST LAND SILL COUNTY: 12-12	FIED								
SI/EAS IWY 87 AND SEA									
CITY/ZIP: PHONE: PHONE: P.H. PRIORITY: HXM L									
☐ BAKERY ☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ RESTAURANT ☐ SCHOOL ☐ SENIOR CENTER ☐ TEMP. FOOD ☐ TAVERN ☐ MOBILE VENDORS	□ 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 AND INTERVENTIONS Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contribut	ng factors in								
foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.	cos	R							
Compliance Demonstration of Knowledge COS R Compliance Potentially Hazardous Foods IN OUT Person in charge present, demonstrates knowledge, and performs duties IN OUT N/O N/A Proper cooking, time and temperature	COS	K							
Employee Health IN OUT N/O N/A Proper reheating procedures for hot ho	ding								
IN OUT Management awareness; policy present IN OUT N/O N/A Proper cooling time and temperatures IN OUT N/O N/A Proper use of reporting, restriction and exclusion IN OUT N/O N/A Proper hot holding temperatures		+							
Good Hygienic Practices IN OUT N/A Proper cold holding temperatures									
IN OUT N/O Proper eating, tasting, drinking or tobacco use IN OUT N/O N/A Proper date marking and disposition IN OUT N/O No discharge from eyes, nose and mouth IN OUT N/O N/A Time as a public health control (procedular)	res /	+							
Preventing Contamination by Hands 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 & IN OUT N/O N/A Pasteurized foods used, prohibited food offered	s not								
Approved Source Chemical IN OUT Food obtained from approved source IN OUT N/A Food additives: approved and properly	end								
IN OUT N/O N/A Food received at proper temperature IN OUT N/O N/A Food received at proper temperature IN OUT N/O N/A Food received at proper temperature IN OUT N/O N/A Food received at proper temperature IN OUT N/O N/A Used Soldier So									
IN OUT Food in good condition, safe and unadulterated IN OUT N/O N/A Required records available: shellstock tags, parasite IN OUT N/O N/A Compliance with approved Specialized		1							
destruction Protection from Contamination	rocess								
IN OUT N/A Food separated and protected The letter to the left of each item indicates that item's status at inspection.	he time of the								
IN OUT N/A Food-contact surfaces cleaned & sanitized IN = in compliance OUT = not in compliance	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									
GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. IN OUT Safe Food and Water COS R IN OUT Proper Use of Utensits	cos	D .							
IN OUT Safe Food and Water COS R IN OUT Proper Use of Utensils Pasteurized eggs used where required In-use utensils: properly stored	COS	R							
Water and ice from approved source Utensils, equipment and linens: properly stored, or handled	ried,								
Food Temperature Control Single-use/single-service articles: properly stored	used								
Adequate equipment for temperature control Gloves used properly Approved thawing methods used Utensils, Equipment and Vending									
Thermometers provided and accurate Food and nonfood-contact surfaces cleanable, pr	perly								
designed, constructed, and used Warewashing facilities: installed, maintained, use	i; test								
Strips used Strips used Nonfood-contact surfaces clean									
Prevention of Food Contamination Physical Facilities									
Insects, rodents, and animals not present Contamination prevented during food preparation, storage and display Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices									
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry Sewage and wastewater properly disposed									
Wiping cloths: properly used and stored Toilet facilities: properly constructed, supplied, cle Fruits and vegetables washed before use Garbage/refuse properly disposed; facilities main									
Fruits and vegetables washed before use Garbage/refuse properly disposed; facilities mainted. Physical facilities installed, maintained, and clean	enieo								
Person in Charge /Title: Date: 08-31-2	3								
Inspector: Telephone No. 73 - EPHS No. Follow-up: Ye Follow-up Date:	No.)							



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

DACE 2 of 2

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ESTABLISHMENT NAM	ME	ADDRESS		CITY	ZIP ~~~
AND S	UITES	1311 EAS		TTYATI	6000
FOOD F	PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ I	LOCATION	TEMP.
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160-	LOOP A LOOK	ull IV	MADENORIBANI	2, 10001	num
200			7		
160	31-22.		V		
0 0					
Code		PRIORITY	TEMS		Correct by Initial
Reference Pric	only items contribute directly to the elimingury. These items MUST RECEIVE IN	ination, prevention or reduct	ion to an acceptable level, hazards a	ssociated with foodborne illness	(date)
ori	njury. These items MUST RECEIVE II	MMEDIATE ACTION within	72 hours or as stated.		
	14 /	1 1+			
	Ma Driani	tur Hoan	1 Dun (76-	17-22 100	Anthon
	The money	ny seom		I TOTAL	per gor!
	V	/			/
		<i>J</i>			
					Control of the later
Code Reference Co	ore items relate to general sanitation, op	CORE l	r structures, equipment design, gene	ral maintenance or sanitation	Correct by Initial (date)
sta	andard operating procedures (SSOPs).	These items are to be con	ected by the next regular inspection	on or as stated.	
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	masocilan.	MOMALO.	ween con	NOCHER.	
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		EDUCATION PRO	OVIDED OR COMMENTS		*
Person in Charg	od/Titld:	1 2-11		Date: A C	~ ~
reison in Char	MAN CALINA	1 AG/VI	500	08-3	
Inspector	n / 0 / - 1/1/2 0	Telephone	No. EPHS No.	Follow-up: Follow-up Date:	Yes -> No
V 10/1	II IX JOHKKINAIA	13774-	110500 110	Follow-up Date:	