

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

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1	TIME IN TIME OUT /
	7:00 AM IIIU AM
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NEXT ROUTINE INSPE	CTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY ECTION, OR SUCH SHORTER PERIOD OF TIME AS MA' IS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MA	Y BE SPECI	IFIED IN WRIT	ING BY T		ГНЕ			
ESTABLISHMENT				CHOC					
ADDRESS:	CHARGER LANE	COUNTY: PEMTSCOT							
CITY/ZIP: DEE	RING PHONE: 573	FAX: P.H. PRIORITY: H M L							
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERER DELI	☐ GROCERY STORE ☐ INSTITUTION ☐ TAVERN ☐ MOBILE VENDORS							
PURPOSE Pre-opening	Routine  Follow-up  Complaint	Other							
				WATER SUPPLY COMMUNITY   NON-COMMUNITY   PRIVATE Date Sampled   Results					
Risk factors are food	RISK FACT preparation practices and employee behaviors most common statement of the common statement o		INTERVENT		ease Control and Prevention as contributing factors in				
	preaks. Public health interventions are control measures  Demonstration of Knowledge		oodborne illnes			R			
(N) OUT	Person in charge present, demonstrates knowledge, and performs duties		IN OUT N	O)N/A	Proper cooking, time and temperature	Ť			
(IN) OUT	Employee Health  Management awareness; policy present		IN OUT N		Proper reheating procedures for hot holding Proper cooling time and temperatures				
(IN) OUT	Proper use of reporting, restriction and exclusion		IN OUT N	O N/A	Proper hot holding temperatures				
(IN) OUT N/O	Good Hygienic Practices Proper eating, tasting, drinking or tobacco use		IN OUT N		Proper cold holding temperatures Proper date marking and disposition				
OUT N/O	No discharge from eyes, nose and mouth		IN OUT N	O N/A	Time as a public health control (procedures / 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				
(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	ON/A	Pasteurized foods used, prohibited foods not offered				
(IN) OUT	Approved Source Food obtained from approved source		IN OUT	(N/A)	Food additives: approved and properly used	+			
IN OUT N/O N/A	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		IN OUT	(N/A)	Comformance with Approved Procedures Compliance with approved Specialized Process	#			
11 001 11/0 11/1/	destruction  Protection from Contamination		1111 001		and HACCP plan	_			
(IN) OUT N/A	Food separated and protected		The letter to inspection.	the left of	each item indicates that item's status at the time of the				
(IN) OUT N/A	Food-contact surfaces cleaned & sanitized		IN = in compliance OUT = not in compliance N/A = not applicable N/O = not observed						
IN OUT (N/O)	Proper disposition of returned, previously served, reconditioned, and unsafe food		COS = Corrected On Site R = Repeat Item						
			PRACTICES	ogene eb	swingle, and obusingle blants into foods				
IN OUT	Safe Food and Water	COS R	IN OUT		Proper Use of Utensils COS	R			
	teurized eggs used where required er and ice from approved source		1		tensils: properly stored equipment and linens: properly stored, dried,				
	Food Temperature Control	_	4/	handled	se/single-service articles: properly stored, used				
	quate equipment for temperature control		1		ised properly				
	roved thawing methods used rmometers provided and accurate			Food an	Utensils, Equipment and Vending d nonfood-contact surfaces cleanable, properly				
	Food Identification	_	designed, constructed, and used Warewashing facilities: installed, maintained, used; test						
Food	d properly labeled; original container		4	strips us	edcontact surfaces clean				
	Prevention of Food Contamination			Physical Facilities					
/ Conf	cts, rodents, and animals not present tamination prevented during food preparation, storage display		Hot and cold water available; adequate pressure Plumbing installed; proper backflow devices						
Pers	sonal cleanliness: clean outer clothing, hair restraint, ernalls and jewelry		Sewage and wastewater properly disposed						
	ing cloths: properly used and stored ts and vegetables washed before use		1	cilities: properly constructed, supplied, cleaned e/refuse properly disposed; facilities maintained					
	N - ////		J		facilities installed, maintained, and clean				
Person in Charge /		- I	√>= .	EDUO 1	Date: 2-02-22				
Inspector:		one No. 5	200	EPHS No	Follow-up Date:				
MO 550-1814 (11-14)	DISTRIBUTION: WHITE -	OWNER'S COPY	r (	CANARY - FI	LE COMT	E6.37			



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ESTABLISHMENT NAME - 7	ADDRESS C	HARGER I	DEERIN	63840			
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/ LOCATION					P.
1		SHELLS	CARTER	- HOFFMAN	) Hor	HOLD	1439
		ORANGES	WALK	IN COOLE	R	37	7
MILK MILK COOLE	R 33°F	RIORITY ITEMS				0	
Code Reference Priority items contribute directly to the elir	nination, prevention of	r reduction to an accep	table level, hazards	associated with foodbo	me illness	Correct by (date)	Initial
or injury. These items MUST RECEIVE I	MMEDIATE ACTION	within 72 hours or as	stated.				
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Code Reference Core items relate to general sanitation, or	perational controls, fa	CORE ITEMS cilities or structures, eq	uipment design, ger	neral maintenance or sa	nitation	Correct by (date)	Initial
standard operating procedures (SSOPs)	These items are to	be corrected by the n	ext regular Inspec	tion or as stated.	(J.A.	3 4.30	
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N 1/(/-	$\Delta$			r =			
Person in Charge /Title:	)			Date:	3-05	2-22	
Inspector:	Telep	hone No. 578-	EPHS No.	Follow-up:	: 0	Yes	₹ No
MO 580-1814 (11-14)	DISTRIBUTION: WHITE - C	T ( ( O O (	GANARY - FILE COPY	T T T T T T T T T T T T T T T T T T T	Date:		E6.37A