

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

| TIME IN | | TIME OUT |
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| BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS. | | | | | | | | | | |
|---|---|--|---|--|--|--|--|--|--|--|
| ESTABLISHMENT I | | | ALC D | PERSON IN CHARGE: | | | | | | |
| EXDRESS LIQUOL (O. PAM) | | AN LOC | GIER | COLINITY | | | | | | |
| ADDRESS: | | | | COUNTY | | | | | | |
| CITY/ZIP: | Vo. 65588 573- | FAX: | FAX: P.H. PRIORITY: ☐ H ☑ M ☐ 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 Disapp License No. | roved Not Applicable PUBL | | WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Date Sampled Results Results | | | | | | | |
| RISK FACTORS AND INTERVENTIONS | | | | | | | | | | |
| | preparation practices and employee behaviors reaks. Public health interventions are control | | | for Disease Control and Prevention as contributing factors in | | | | | | |
| Compliance | Demonstration of Knowledge | | R Compliance | Potentially Hazardous Foods COS R | | | | | | |
| OUT OUT | Person in charge present, demonstrates known and performs duties | wledge, | IN OUT NO | N/A Proper cooking, time and temperature | | | | | | |
| | Employee Health | | IN OUT NO | | | | | | | |
| IN OUT | Management awareness; policy present Proper use of reporting, restriction and exclu- | cion | IN OUT N/O | | | | | | | |
| | Good Hygienic Practices | SIOII | | N/A Proper cold holding temperatures | | | | | | |
| IN OUT N/O | Proper eating, tasting, drinking or tobacco us | e | IN OUT N/O | | | | | | | |
| IN OUT N/O | No discharge from eyes, nose and mouth | | IN OUT N/O | records) | | | | | | |
| IN OUT N/O | Preventing Contamination by Hands Hands clean and properly washed | | IN OUT | Consumer Advisory Consumer advisory provided for raw or | | | | | | |
| IN OUT N/O No bare hand contact with ready-to-eat foods or | | or | | undercooked food Highly Susceptible Populations | | | | | | |
| IN OUT | approved alternate method properly followed Adequate handwashing facilities supplied & | | IN OUT N/O | N/A Pasteurized foods used, prohibited foods not | | | | | | |
| | accessible Approved Source | DIVERSITY OF THE PROPERTY OF T | | offered Chemical | | | | | | |
| (IN OUT | Food obtained from approved source | | | 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 Food in good condition, safe and unadulterated | | | | Conformance with Approved Procedures | | | | | | |
| IN OUT N/O N/A Required records available: shellstock tags, parasite destruction | | parasite | IN OUT | Compliance with approved Specialized Process and HACCP plan | | | | | | |
| N OUT N/A | Protection from Contamination VOUT N/A Food separated and protected | | | The letter to the left of each item indicates that item's status at the time of the | | | | | | |
| IN OUT N/A | Food-contact surfaces cleaned & sanitized | | inspection. IN = in com | poliance OUT = not in compliance | | | | | | |
| IN OUT N/O Proper disposition of returned, previously served, | | ved | N/A = not ap | N/A = not applicable N/O = not observed | | | | | | |
| Proper disposition of returned, previously served, reconditioned, and unsafe food COS = Corrected On Site R = Repeat Item | | | | | | | | | | |
| | Good Retail Practices are preventative measu | | L PRACTICES | na chamicals and physical chicate into foods | | | | | | |
| IN OUT | Safe Food and Water | COS R | IN OUT | Proper Use of Utensils COS R | | | | | | |
| | eurized eggs used where required | | In In | -use utensils: properly stored | | | | | | |
| Wate | r and ice from approved source | | | tensils, equipment and linens: properly stored, dried, | | | | | | |
| | Food Temperature Control | | | ngle-use/single-service articles: properly stored, used | | | | | | |
| | uate equipment for temperature control oved thawing methods used | | G | loves used properly Utensils, Equipment and Vending | | | | | | |
| Thermometers provided and accurate | | | | ood and nonfood-contact surfaces cleanable, properly | | | | | | |
| Food Identification | | | V W | esigned, constructed, and used arewashing facilities: installed, maintained, used; test | | | | | | |
| Food properly labeled; original container | | | | rips used onfood-contact surfaces clean | | | | | | |
| Prevention of Food Contamination | | | 15 | Physical Facilities | | | | | | |
| Insects, rodents, and animals not present Contamination prevented during food preparation, storage | | orage | | ot and cold water available; adequate pressure lumbing installed; proper backflow devices | | | | | | |
| and display Personal cleanliness: clean outer clothing, hair restraint, | | aint, | V Se | ewage and wastewater properly disposed | | | | | | |
| fingernails and jewelry Wiping cloths: properly used and stored | | | | pilet facilities: properly constructed, supplied, cleaned) | | | | | | |
| Fruits and vegetables washed before use | | | | arbage/refuse properly disposed; facilities maintained | | | | | | |
| Person in Charge /Title: Physical facilities installed, maintained, and clean Date: | | | | | | | | | | |
| Inspector: Telephone No. EPHS No. Follow-up: Yes D No | | | | | | | | | | |
| MOSSO 294 (13) 920 Follow-up Date: 7/12/18 | | | | | | | | | | |



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| ESTABLISHMENT NA | The second secon | ADDRESS DI | DN I | WINDHA, MO. | ZIP |
|------------------------|--|--|---------------------------------|----------------------------------|--|
| EXPRES | PRODUCT/LOCATION | ZOO RULINS | FOOD PRODUCT/ | | 05588 TEMP. |
| 1 1 | | 135° RAN | -1 5 | WAIK-IN. | 300 |
| HAMBUR | | 1340 | al Diesony | WAIR +N | 37 |
| CHICKER | W / . | 121 | | | |
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| | | | | | |
| Code Reference Prio | iority items contribute directly to the | PRIORITY ITEM elimination, prevention or reduction to | an acceptable level, hazards as | ssociated with foodborne illness | Correct by Initial (date) |
| or i | injury. These items MUST RECEIV | MMEDIATE ACTION within 72 ho | urs or as stated. | an election | Phoe |
| 4-196.11 | MOJ SANTE | ing rood CONT | ACT SVAI | OIL CLAN +1 | 1/40 |
| 151n | NOT DATE W | meking PEAL- | TO FAT & | X F995 4 | Rand |
| | Trot Drito | Maria Karan | 100 6.11 | | 777 |
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| 0.1 | | CORE ITEMS | | | Correct by Initial |
| Code Reference Co | ore items relate to general sanitation, | operational controls, facilities or struc | tures, equipment design, gener | ral maintenance or sanitation | (date) |
| sta | 71 | These items are to be corrected | by the next regular inspection | NOT CIGAN | |
| 0, 20,10 | KESTROOM STOO | DALK A (6" | I'M VON' | 1001 010110 | . 1 . / |
| 6-80.12-1 | WALL FLOOR 1 | VOT C/KAN KIT/ | FRYEN AREX | 1 anget F | owl delais |
| | 1 1 1 | 40.11 | 1 2011 | | 19.9 |
| 4-2216 | NO FOOD THE | KMETER 0-2 | 20 - 6+/- | · Cal. | |
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| 3.34.14 | NO 241.156 | BUCKET OX | 3 RD 3.N/ | SET-UP. | |
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| 3-8411C | THE WILL MP | KIED POINT O | I NAW T | • | |
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| | | EDUCATION PROVIDE | D OR COMMENTS | | |
| 2 5770 | E Day Day | | S. Opposite Committee | | |
| * 2006 | E RAW ANME | | oking Temp | | |
| | | | S. Opposite Committee | Datama I I | a di |
| Person in Charg | | | oking Temp | Date: 7/5/1) | 8 |
| | ge /Title: | | S. Opposite Committee | Follow-up: Follow-up Date: | Yes No |