

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

TIME IN	TIME OUT: 45
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NEXT ROUTINE INSPE	CTION THIS DAY, THE ITEMS NOTED BELOW IDENT	MAY BE SPE	CIFIED IN	WRIT	ING BY TH	HE REG	ULATORY AUTHORITY. FAILURE TO	TED BY	Y THE Y	
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSAT ESTABLISHMENT NAME: OWNER: OWNER: Justin 4 Bi. Ho					PERSON IN CHARGE:					
ADDRESS: 201 N. May St						COUNTY: Shance				
CITY/ZIP: FAX: PHONE: 573/7 21/2320 FAX:						P.H. PRIORITY : D H D M D L				
ESTABLISHMENT TYPE BAKERY RESTAURANT	100 0100 070	ELI MP. FOOD	□ G	ROCE	RY STORE	= F	INSTITUTION MOBILE VENDORS			
PURPOSE Pre-opening	•	☐ Other		VEIXIV			MODIEL VENDONO			
FROZEN DESSER	T SEWAGE DISPO		WATE							
☐Approved ☐Disapp License No.		☐ COMMUNITY ☐ NON-COMMUNITY ☐ PRIVATE Date Sampled Results								
	RISK FAC	CTORS AN	ID INTER	VENT	IONS					
Risk factors are food foodborne illness outb	preparation practices and employee behaviors most co reaks. Public health interventions are control measur	mmonly repe	orted to the	e Cente	ers for Dise	ease Cor	ntrol and Prevention as contributing factor	rs in		
Compliance	Demonstration of Knowledge	cos	R Com	pliance			Potentially Hazardous Foods	CO	S R	
IN OUT Person in charge present, demonstrates knowledge, and performs duties						per cooking, time and temperature				
(IN OUT	Employee Health (IN OUT Management awareness; policy present		(IN) C	IN OUT N/O N/A			reheating procedures for hot holding cooling time and temperatures			
(IN OUT	Proper use of reporting, restriction and exclusion Good Hygienic Practices			IN OUT N/O N/A IN OUT N/A		Proper hot holding temperatures Proper cold holding temperatures		+		
/N/OUT N/O Proper eating, tasting, drinking or tobacco use			(IN) C	DUT N	/O N/A		date marking and disposition s a public health control (procedures /			
(IN) OUT N/O	No discharge from eyes, nose and mouth		THE CONTRACTOR OF THE CONTRACT	JUT N	/O N/A	records	3)			
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed		IN C	DUT	(N/A)		Consumer Advisory mer advisory provided for raw or cooked food			
IN OUT N/O	No bare hand contact with ready-to-eat foods or					underc	Highly Susceptible Populations			
(IN) OUT	approved alternate method properly followed Adequate handwashing facilities supplied &		(IN)	DUT N	/O N/A		rized foods used, prohibited foods not			
	accessible Approved Source					offered	Chemical		+	
IN OUT NO NA	Food obtained from approved source Food received at proper temperature		(N) C		N/A		dditives: approved and properly used ubstances properly identified, stored and			
	The Action Committee Commi					used				
IN OUT Food in good condition, safe and unadulterated IN OUT N/O N/A Required records available: shellstock tags, parasite			IN C	DUT	(N/A)		nformance with Approved Procedures ance with approved Specialized Process			
	destruction Protection from Contamination				Cont	and HA	CCP plan			
IN OUT N/A	Food separated and protected			etter to	the left of	each ite	m 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							
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							
		OOD RETA	IL PRACTI	CES						
IN OUT	Good Retail Practices are preventative measures to c Safe Food and Water	ontrol the int		of path	ogens, che		and physical objects into foods. Proper Use of Utensils	cos	R	
Past	eurized eggs used where required		V			ensils: p	roperly stored			
Wate	er and ice from approved source		6		Utensils, handled	equipm	ent and linens: properly stored, dried,			
Adec	Food Temperature Control quate equipment for temperature control		Euro-			e-use/single-service articles: properly stored, used				
Legent Appr	oved thawing methods used					Utens	ils, Equipment and Vending			
Ther	mometers provided and accurate		1				d-contact surfaces cleanable, properly ucted, and used			
	Food Identification			Lancard	Warewas		cilities: installed, maintained, used; test			
Food	properly labeled; original container		1/				surfaces clean Physical Facilities			
	Prevention of Food Contamination Insects, rodents, and animals not present		4				er available; adequate pressure			
Contamination prevented during food preparation, storage and display			Lower		Plumbing	g installe	d; proper backflow devices			
Pers	onal cleanliness: clean outer clothing, hair restraint,		Sewage and wastewater properly disposed							
Wipi	ng cloths: properly used and stored		Toilet facilities: properly constructed, supplied, cleaned							
	s and vegetables washed before use		Comme				installed, maintained, and clean			
Person in Charge /	Title:						Date: 6/1/22			
Inspector: 7 Telephone No./					EPHS No		Follow-up: Yes		No	
MO 580-1814 (11-14)	DISTRIBUTION: WHITE	-OWNER'S CO	OPY		CANARY - FIL		Follow-up Date: 4/8/2->		E6.37	



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TIME IN	15	TIME OUT. 45
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ESTABLISHMENT NAME	ADDRESS 701	11 111	CITY	. 4.	65+6	1	
FOOD PRODUCT/LOCATION	ZOI N/ Mg/A TEMP. FOOD PRODUCT/I					TEMP.	
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Peper Pier Phy	37	Perlin.			58		
Del. Gue Churse	35	Deli Cisa	Pichte 1		42		
Code Reference Priority items contribute directly to the eli	PR	IORITY ITEMS	oble level hazards associat	ed with foodbarne illness	Correct by (date)	Initial	
or injury. These items MUST RECEIVE	IMMEDIATE ACTION	within 72 hours or as	stated.	ed Me, locabolilo illinoso	(edto)		
2-10/11 Failure	tu disis	note a	Deeson in Ch	6150 -			
3-501.16 (A) 1+2 PU	to sales	and the same of th	Sanduichin	desplas			
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7-501. 16 AZ P.2	24 in C	about be	on 175°	(10.2)			
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4-70211 Four Cont	- Sul 760	ie ho	56nitized			-	
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				-			
Code	(6	ORE ITEMS			Correct by	Initial	
Reference Gore items relate to general sanitation, o standard operating procedures (SSOPs)	perational controls, fac These items are to b	lities or structures, equ	pment design, general mai	ntenance or sanitation s stated.	(date)		
4-202 12 [9164. 16	- 1	use Seas	Codis therm	,		200 200 0000000000000000000000000000000	
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4-301,11 Refige	1 20 100	. b C	ent door	s not			
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45 40	4 30,						
Pices 5/10/5	EDUCATION	PROVIDED OR CO	DMMENTS				
1100 1100 1103	1						
Person in Charge /Title:				Date: ///	na Alina		
.00		of the Nilson	EBUON	6/1/2	22		
Inspector: 7/ ///	Tolonk] No	
1/ //	u i 7	967/417/	EPHS No.	Follow-up:	/ Yes [