

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

TIME IN	TIME OUT
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VEXT POLITIME INSPEC	TION OR SUCH SHORTER PER	RIOD OF TIME AS MAY	BE SPECI	FIED IN WRIT	ING BY IL	E REGULATORY AUTHORITY. F	BE CORRECTED BY TH AILURE TO COMPLY	ΗE
ESTABLISHMENT N	FOR CORRECTIONS SPECIFIED	OWNER:	RESULT	IN CESSATIC	IN OF YOU	PERSON IN CHAF	1 2	
ADDRESS	ENIOR LENI	Carlotte Commence				COUNTY:	84.530	
ADDRESS:	JONES DR	DUONE.		FAX:		OFFANNON		-
CITY/ZIP: ESTABLISHMENT TYPE	, Mo. 65466	PHONE: 226-3	3839	FAX.		P.H. PRIORITY :	HOMOL	
BAKERY RESTAURANT	☐ C. STORE ☐ CATERE ☐ SCHOOL ☐ SENIOR		FOOD	☐ GROCE ☐ TAVERN	RY STORE	☐ INSTITUTION ☐ MOBILE VENDORS		
PURPOSE  Pre-opening	Routine	☐ Complaint ☐	Other					
FROZEN DESSERT  Approved Disappro License No.	oved Not Applicable	SEWAGE DISPOSA PUBLIC PRIVATE		WATER SU COMMI	JNITY	NON-COMMUNITY Date Sampled	PRIVATE Results	
		RISK FACTO	CHIANO I	UNIE	71°C S	<b>160</b>		
Risk factors are food p	reparation practices and employed	e behaviors most comme	nlyiseeash	ed to the Cen		ase Control and Prevention as con	tributing factors in	
Compliance	Demonstration of K	nowledge	COS F	Compliance	9	Potentially Hazardous F		R
IN OUT	Person in charge present, demo and performs duties			IN OUT I		Proper cooking, time and tempera		
(IN) OUT	Employee He  Management awareness; policy				N/O N/A	Proper reheating procedures for he Proper cooling time and temperate		
(IN OUT	Proper use of reporting, restricti	on and exclusion		IN OUT I	N/O N/A N/A	Proper hot holding temperatures  Proper cold holding temperatures		
IN OUT N/O	Good Hygienic Pr Proper eating, tasting, drinking	or tobacco use		IN OUT	N/O N/A	Proper date marking and dispositi	on	
IN OUT N/O	No discharge from eyes, nose a	nd mouth		IN OUT	N/O N/A	Time as a public health control (precords)		
IN OUT N/O	Preventing Contaminat  Hands clean and properly wash			IN OUT	N/A	Consumer Advisory Consumer advisory provided for reundercooked food		
IN OUT N/O	No bare hand contact with read	y-to-eat foods or				Highly Susceptible Popu	ations	
IN OUT	approved alternate method prop Adequate handwashing facilities			IN OUT	N/O N/A	Pasteurized foods used, prohibite	d foods not	
	accessible Approved Sor	urce				offered Chemical		
IN OUT	Food obtained from approved s			IN OUT	N/A	Food additives: approved and pro Toxic substances properly identifi		
IN OUT N/O N/A			8.			used Conformance with Approved		
IN OUT N/O N/A	Food in good condition, safe an Required records available: she			IN OUT	N/A	Compliance with approved Specia		100
	destruction  Protection from Con	tamination				and HACCP plan	tue at the time of the	
IN OUT N/A	Food separated and protected			inspection		each item indicates that item's sta		
IN OUT N/A	Food-contact surfaces cleaned	and the same of th			n compliand ot applicabl	e N/O = not observe		
IN OUT N/O	Proper disposition of returned, reconditioned, and unsafe food			COS = C	orrected O	Site R = Repeat Item		
	Cood Potail Practices are prove			PRACTICES	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	emicals, and physical objects into f	oods.	
IN / OUT	Safe Food and Water		OS R	IN OUT		Proper Use of Utensils	COS	R
The state of the s	eurized eggs used where required ar and ice from approved source			1//		tensils: properly stored , equipment and linens: properly st	ored, dried,	
V /	Food Temperature Cor	atrol		1	handled Single-L	se/single-service articles: properly	stored, used	
Adeq	uate equipment for temperature co			V		used properly		
	oved thawing methods used mometers provided and accurate				Food ar	Utensils, Equipment and Vendir d nonfood-contact surfaces cleana		
THEI	Food Identification			V . /	designe	d, constructed, and used shing facilities: installed, maintaine		
				1	strips us	The state of the s		
	Prevention of Food Contain	nination		1,		Physical Facilities		
	cts, rodents, and animals not presented during food prevented during food during food during food during food during food during foo			1/		cold water available; adequate pre g installed; proper backflow device		
and	display onal cleanliness: clean outer cloth			1		and wastewater properly disposed		
finge	rnails and jewelry			1//		cilities: properly constructed, suppl		
	ng cloths: properly used and store s and vegetables washed before u			1	Garbag	e/refuse properly disposed; facilitie	s maintained	
		21 11 /	)	1	Physica	I facilities installed, maintained, and Date:	ı ciean	
Person in Charge			-	, LEC		12/17/21	\/ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
Inspector:	Hants	Telepho	one No.	4131	EPHS N	o. Follow-up: E	Yes   No	5
MO 580-1814 (11-14)	The state of the s	DISTRIBUTION: WHITE - 0	OWNER'S CO	PY	CANARY - F		, 1	E6.37



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ESTABLISHMENT NAME ADDI	RESS 108 FUGUE DO F	TY ZIP SULLA
FOOD PRODUCT/LOCATION	TEMP. FOOD PRODUCT/ LC	OCATION TEMP.
CAKAM CHESE / KIT REF	38° Tupley /STE	an 1866 1/0"
Eggs 15, IVEN " BASEMONT!	3/0 ER. BEANS /	110
Code Reference Priority items contribute directly to the eliminati	PRIORITY ITEMS on, prevention or reduction to an acceptable level, hazards ass	ociated with foodborne illness (date) Initial
or injury. These items MUST RECEIVE IMME	DIATE ACTION within 72 hours or as stated.	
4-707.4- Nishwashing MALT	NOT DEACHING 160° PLATE	SURFACE /MAN 7X
messing outle Non	WORKING - FOOD CONTA	or Nor SW. Fred.
4-52114		
		Compatible Initial
Code Reference Core items relate to general sanitation, operation	CORE ITEMS  ional controls, facilities or structures, equipment design, general	I maintenance or sanitation (date)
Reference   Core items relate to general sanitation, operati	ional controls, facilities or structures, equipment design, general see items are to be corrected by the next regular inspection	Il maintenance or sanitation (date)
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