

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

TIME IN	TIME OUT
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NEXT ROUTINE INSPE	TION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY CTION, OR SUCH SHORTER PERIOD OF TIME AS MA	Y BE SPECI	FIED IN WRIT	ING BY TH	E REGULATORY AUTHORITY. FAILURE TO C	
ESTABLISHMENT		166 E	1	16 5	PERSON IN CHARGE:	Λ
ADDRESS:	MADEST	ick	STARK	52	COUNTY:	
CITY/ZIP:	11 E N 65571 PHONE: 32	_41 13	FAX:		P.H. PRIORITY : H N	/ 🗆 L
ESTABLISHMENT TYPE BAKERY RESTAURANT	☐ C. STORE ☐ CATERER ☐ DELI		☐ GROCEF	RY STORE	☐ INSTITUTION ☐ MOBILE VENDORS	
PURPOSE Pre-opening	Routine	Other				
FROZEN DESSERT Approved Disappr License No.	SEWAGE DISPOS	in .	WATER SUF	NITY	□ NON-COMMUNITY □ PRIVAT Date Sampled Results	
Risk factors are food to	oreparation practices and employee behaviors r	100°F	ack as turns FMP THERM	III S	ase Control and Prevention as contributing factor	rs in
foodborne illness outbr	eaks. Public health interventions are control measures. Demonstration of Knowledge	to prevent to	Compliance	s or injury.	Potentially Hazardous Foods	COS R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties		IN OUT N	ESSON STATE OF THE PARTY OF THE	Proper cooking, time and temperature	000 11
IN OUT	Employee Health		IN OUT N		Proper reheating procedures for hot holding Proper 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	
IN OUT N/O IN OUT N/O	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth		IN OUT N	O N/A	Proper date marking and disposition Time as a public health control (procedures /	
- and it is a second	Preventing Contamination by Hands			THE DESCRIPTION OF THE PERSON	records) Consumer Advisory	
IN OUT N/O	Hands clean and properly washed		IN OUT		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	Married World	Pasteurized foods used, prohibited foods not offered	
IN OUT	Approved Source Food obtained from approved source		IN_OUT	N/A	Chemical 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 IN OUT N/O N/A Required records available: shellstock tags, parasite			IN OUT	Constant of the Constant of th	Conformance with Approved Procedures Compliance with approved Specialized Process and HACCP plan	
destruction Protection from Contamination			The letter to		each item indicates that item's status at the time	of the
IN OUT N/A			inspection.	compliance		51 (110
IN OUT N/O Proper disposition of returned, previously served,			N/A = not	applicable rected On S	N/O = not observed	
	reconditioned, and unsafe food GOO	OD RETAIL I	PRACTICES			
IN OUT	Good Retail Practices are preventative measures to con Safe Food and Water	trol the introd	luction of patho	ogens, chen	nicals, and physical objects into foods. Proper Use of Utensils	COS R
Paste	urized eggs used where required	300 11	1	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	nsils: properly stored	000 K
Water	and ice from approved source		1/1	Utensils, e handled	equipment and linens: properly stored, dried,	
Food Temperature Control Adequate equipment for temperature control			1		e/single-service articles: properly stored, used ed properly	
Approved thawing methods used Thermometers provided and accurate					Utensils, Equipment and Vending nonfood-contact surfaces cleanable, properly	
Food Identification			1	designed,	constructed, and used ning facilities: installed, maintained, used; test	
Food properly labeled; original container			/	strips used		
Prevention of Food Contamination					Physical Facilities	
Insects, rodents, and animals not present Contamination prevented during food preparation, storage			1		old water available; adequate pressure installed; proper backflow devices	
and display Personal cleanliness: clean outer clothing, hair restraint,			1/	Sewage a	nd wastewater properly disposed	
fingernails and jewelry Wiping cloths: properly used and stored			1//	Toilet facil	ities: properly constructed, supplied, cleaned	
Fruits	Fruits and vegetables washed before use		1	Garbage/r	efuse properly disposed; facilities maintained acilities installed, maintained, and clean	
Person in Charge 'T	[Ho. / A				Date: 1/20/2/	
Inspector:	Telepho	one No.4	13/ E	EPHS No.	Follow-up:	No No
MO 580-1814 (11-14)	DISTRIBUTION: WHITE -	OWNER'S COPY	C	CANARY - FILE		E6.37



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ESTABLISHMENT NAME DUMMERSVILLE ELEMENTER 1 SUND 106 E. MAPLEST SUMMERS DUMMERSVILLE ELEMENTER 1 SUND 106 E. MAPLEST SUMMERS	2011/6, M	45571	
FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION	N I	TEMP.	
SAAGLIGTT: STEAMANK 137° MILL / CODIER		26	
CHESS " 160" CHESS "/ WAIK-	- IN	36	_
Code PRIORITY ITEMS			itial
Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	with foodborne illness	(date)	
MO VIOLATIONS			
X NEED BETTER MOTHOD W/ Colo S/AW/	SERVING	68ta	
THE NEED DE TOTAL TOTAL OF STANK			
SINOT COIN AL OIL 148			
Code Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance.	nance or sanitation	Correct by Ini (date)	tial
Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general mainted standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as standard operating procedures (SSOPs).	tated.		
		4	
EDUCATION PROVIDED OR COMMENTS			
Person in Ch	Date: 1/20/2	3 <i>l</i>	
Person in Ch Inspector: Telephone No. EPHS No.	Date: / 20 / 2 Follow-up: Follow-up Date:	Yes 🗐	No