

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

TIME IN 38A		TIME OUT 5A
PAGE	of O	}

DACED ON ANUM	ODE OTION I THE OTION									
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 RESULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY BESULT IN CESSATION OF YOUR REQUIATORY AUTHORITY. FAILURE TO COMPLY										
ESTABLISHMENT NAME.										
Dent-Pr	F-MPIDS R-3 School District PERSON IN CHARGE: Gibbs							he		
ADDRESS:	S: 27870 HWY! COUNTY: DOUBT								المال	
CITY/ZIP:	1 1055/00	PHONE: 4 6 FAX:					2/ 1//	P.H. PRIORITY :	МП	
ESTABLISHMENT TO	☐ C. STORE ☐ CATERE	T o crops T ourses						IVI LI L		
PURPOSE	PURPOSE SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS									
	☐ Pre-opening ☐ Routine ☐ Follow-up ☐ Complaint ☐ Other									
FROZEN DESSERT Approved Disapproved Not Applicable SEWAGE DISPOSAL WATER SUPPLY COMMUNITY COMM										
License No.	sapproved Minor Applicable	☐ PUBLIC ☐ PRIVATE			CON	MUNITY		COMMUNITY PRIVA		P
		DNK RED	plat	RC	K		Date	SampledResult	BOIL	OT
		RISK FACTO							O.	
Risk factors are for	ood preparation practices and employe	e behaviors most comn	nonly rep	orte	ed to the	Centers for Dis	sease Control a	and Prevention as contributing facts	ore in	
toodborne illness c	odibicans. I dolic fleatiff lifter veritions	are control measures	to preve	nt to	odborne	illness or injur	у.		13 111	
IN OUT	Demonstration of Kr	iowledge	cos	R	And the second second		Po	tentially Hazardous Foods	COS	3 R
111/001	Person in charge present, demo and performs duties	nstrates knowledge,		(IN OUT N/O N/A		Proper cook	ing, time and temperature		
	Employee Hea				IN OU	JT N/O N/A	Proper rehe	ating procedures for hot holding		
IN OUT	Management awareness; policy					IT N/O N/A	Proper coolin	ng time and temperatures		
IN OUT	Proper use of reporting, restriction			1		JT N/O N/A	Proper hot h	olding temperatures		7-11
IN OUT N/O	Good Hygienic Proper eating, tasting, drinking of	r tobacco use		-	IN OU	IT N/A	Proper cold I	nolding temperatures		
IN OUT N/O	No discharge from eyes, nose a	nd mouth				IT N/O N/A	Time as a nu	marking and disposition ublic health control (procedures /		
							records)			
IN OUT N/O	Preventing Contamination Hands clean and properly washed				IN OU	T N/A	Consumer ad	Consumer Advisory dvisory provided for raw or		
IN OUT N/O	No bare hand contact with ready	to anti				Loon	undercooked food			
111 001 11/0	approved alternate method prop	erly followed			Highly Susceptible Populations		nly Susceptible Populations			
IN OUT	Adequate handwashing facilities	supplied &		1	IN OUT N/O N/A F		Pasteurized foods used, prohibited foods not			
	accessible Approved Sou	500				offered				
IN OUT	Food obtained from approved so				IN OU	T (N/A)	Food additive	Chemical es: approved and properly used		
IN OUT N/O N/A				1	IN OU		Toxic substa	nces properly identified, stored and		
IN OUT	Food in good condition, safe and	un a dulta rata d		-			used			
IN OUT N/O N/A	Required records available: shell	stock tags parasite		-	IN OU	T N/A	Compliance	ance with Approved Procedures		
	destruction				114 00	T CIVIA	and HACCP	with approved Specialized Process plan		
IN OUT N/A	Protection from Conta	mination			The lett	er to the left of	f each item indi	cates that item's status at the time	of the	
IN OUT N/A	processed				inspecti	on.			or the	
and the same of th	The state of the s					in compliance not applicable		OUT = not in compliance N/O = not observed		
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food				COS =	Corrected Or	Site	R = Repeat Item			
	discourant discourance room	GOO	DRETAI	I PI	RACTICE	C			-	
	Good Retail Practices are prevented						emicals and pl	avsical objects into foods		
IN OUT	Safe Food and Water	CO	OS R	T	IN OL	JT T		Use of Utensils	cos	R
	asteurized eggs used where required				1	In-use ut	tensils: properly	y stored	1	
VV	later and ice from approved source				1	Utensils, handled	equipment and	d linens: properly stored, dried,	5	
	Food Temperature Contr	51			-			ce articles: properly stored, used		
Ad	dequate equipment for temperature cor	trol			4	Gloves u	ised properly	oc articles, properly stored, used		
	pproved thawing methods used nermometers provided and accurate						Utensils, Eq	uipment and Vending		
	lemoneters provided and accurate	L	/		2	Food and	d nonfood-cont d, constructed,	act surfaces cleanable, properly		
	Food Identification			1	1	Warewas	shing facilities:	installed, maintained, used: test		
Fo	ood properly labeled; original container			-		strips use				
Prevention of Food Contamination				Nontood	-contact surfac	es clean sical Facilities				
Insects, rodents, and animals not present			1	Hot and	cold water avai	lable; adequate pressure				
Contamination prevented during food preparation, storage and display			1/			per backflow devices				
Personal cleanliness: clean outer clothing, hair restraint,			1	1	Sewage	and wastewate	r properly disposed			
	gernails and jewelry iping cloths: properly used and stored			+	1	Toilet foo	rilities: proporty	constructed, supplied, cleaned		
	uits and vegetables washed before use				1			y disposed; facilities maintained		
D					L	Physical	facilities install	ed, maintained, and clean		Teach
Person in Charge /Title: Date: 11-2-2022										
Inspector: Telephone No. EPHS No. Follow-up: Yes No.										
DIOUC	ADMID CPHSIL	1129-	3/01	0	XID	17/6	7 1	v-up. Pres v-up Date: Yes	5-20	22-
MO 580-1814 (11-14)		DISTRIBUTION: WHITE - OW	NER'S CO	PY		CANARY - FIL		1 01	17174	E6.37



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

TIME IN 38A	TIME	OUT	5A	
PAGE a of a	3			

ESTABLISHMENT NAME POR R-3500)	ADDRESS 27870 HWC CITY Salem	[ZIP 556()
FOOD PRODUCT/LOCATION	TEMP. FOOD PRODUCT/ LOCATION	TEMP.
Med Source Sva line	170 Wange Inice Galanz Indae	217-33
lettucesalad Avantio Findae	390-41° 1 4 9 June Cutine muge	31
mik cartan Inik conter#9	35-39	
Code	PRIORITY ITEMS	Correct by Initial
or injury. These items MUST RECEIVE I	mination, prevention or reduction to an acceptable level, hazards associated with foodborne illnes IMMEDIATE ACTION within 72 hours or as stated.	s (date)
Code Reference Core items relate to general sanitation, operating procedures (SSOPs).	CORE ITEMS erational controls, facilities or structures, equipment design, general maintenance or sanitation These items are to be corrected by the next regular inspection or as stated.	Correct by Initial (date)
Reference Core items relate to general sanitation one	erational controls, facilities or structures, equipment design, general maintenance or sanitation. These items are to be corrected by the next regular inspection or as stated. Meler in Galanz Small Indge.	Correct by Initial (date)
Reference Core items relate to general sanitation one	erational controls facilities or structures againment dest	(date)
Reference Core items relate to general sanitation, operating procedures (SSOPs). 1- JM. J/a 0/05: no Hermon 1-304, 19,05: 50000 aniv	erational controls, facilities or structures, equipment design, general maintenance or sanitation. These items are to be corrected by the next regular inspection or as stated. Meler in Galanz Small Indge. Ag in Container not stored handle up.	(date)
Reference Core items relate to general sanitation, op- standard operating procedures (SSOPs). 1-W.II.a DDS: NO Whemon	erational controls, facilities or structures, equipment design, general maintenance or sanitation These items are to be corrected by the next regular inspection or as stated. Nefer in Galanz Smau Indge	(date)
Reference Core items relate to general sanitation, op- standard operating procedures (SSOPs). 1-W.II.a Olos: no Hermon 1-304,18,055,5000 august	erational controls, facilities or structures, equipment design, general maintenance or sanitation. These items are to be corrected by the next regular inspection or as stated. Meler in Galanz Small Indge. Ag in Container not stored handle up.	(date)
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Reference Core items relate to general sanitation, op- standard operating procedures (SSOPs). 1-W.II.a Olos: no Hermon 1-304,18,055,5000 august	erational controls, facilities or structures, equipment design, general maintenance or sanitation. These items are to be corrected by the next regular inspection or as stated. Meler in Galanz Small Indge. Ag in Container not stored handle up.	(date)
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Reference Core items relate to general sanitation, operating procedures (SSOPs). 1- JM. J/a 0/05: no Hermon 1-304, 19,05: 50000 aniv	erational controls, facilities or structures, equipment design, general maintenance or sanitation. These items are to be corrected by the next regular inspection or as stated. Meler in Galanz Small Indge. In Container not stored handle up. In Surder Shelving in Storage room.	(date)

SUBSEAU OF SAVISONMENTAL HEALTH SERVICES



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

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BASED ON AN INCOM	CCTION THIS DAY THE ITEMS NOTED BELLEVILLE							27	-		
	CTION THIS DAY, THE ITEMS NOTED BELOW ID							ECTED F	BY THE		
NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF Y ESTABLISHMENT NAME: OWNER:						OUR FOOD OF	PERATIONS.) COMP	PLY		
ESTABLISHMENT	011	PERSON IN CHARGE:					1				
ADDRESS: 27270 Have C							OS				
CITY/ZIP: 10 0	401	FAX: 0 0/ 11/									
ESTABLISHMENT TYPE					19-86	044	P.H. PRIORITY: ☐ H ☐	М	L		
BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION											
PURPOSE Pre-opening Routine Complaint Other											
FROZEN PERCEPT											
Approved Disapproved What Applicable								-14/01			
License No.	PRIVATE	DNR.		COIV	IIVIUNITY				R		
	Regulated										
Dick feeters are for		FACTORS A						0			
foodborne illness out	preparation practices and employee behaviors mos preaks. Public health interventions are control mea	t commonly re	eported	to the C	enters for Dis	sease Control	and Prevention as contributing fac	tors in			
Compliance	Demonstration of Knowledge	cos	R R	Complia	liness or injur		to Kalle II		20 1		
IN OUT	Person in charge present, demonstrates knowled		- 200	IN OUT N/O N/A		Proper cooking, time and temperature			DS F		
	and performs duties										
IN OUT	Employee Health Management awareness; policy present			IN OUT N/O N/A		Proper rehe	eating procedures for hot holding				
IN OUT	Proper use of reporting, restriction and exclusion				T N/O N/A		ng time and temperatures				
	Good Hygienic Practices			N OU.			holding temperatures				
IN OUT N/O	Proper eating, tasting, drinking or tobacco use				T N/O N/A	Proper date	marking and disposition				
IN OUT N/O	No discharge from eyes, nose and mouth		1	N OU.	T N/O N/A	Time as a pu	ublic health control (procedures /				
	Preventing Contamination by Hands					records)	0				
IN OUT N/O	Hands clean and properly washed			N OU	Γ N/A	Consumer a	Consumer Advisory dvisory provided for raw or				
IN OUT N/O	No bare hand contact with ready-to-eat foods or					undercooked	d food				
	approved alternate method properly followed			Highly Susceptible Populations							
IN OUT	Adequate handwashing facilities supplied & accessible		1	IN OUT N/O N/A		Pasteurized foods used, prohibited foods not					
	Approved Source					offered			9		
IN OUT	Food obtained from approved source			N OUT	N/A	Food additive	Chemical es: approved and properly used				
IN OUT N/O N/A	Food received at proper temperature	3 6		N OUT		Toxic substa	nces properly identified, stored an	d	- 10		
IN OUT	Food in good condition, safe and unadulterated					used					
IN OUT N/O N/A	Required records available: shellstock tags, paras	site		V OUT	N/A	Compliance	ance with Approved Procedures with approved Specialized Process				
188	destruction				147.1	and HACCP	plan		100		
IN OUT N/A	Protection from Contamination Food separated and protected		HI	he lette	r to the left of	each item ind	icates that itom's status at the time	-641			
IN OUT N/A	Food-contact surfaces cleaned & sanitized		ir	The letter to the left of each item indicates that item's status at the time of the inspection.							
				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	N/O = not observed R = Repeat Item				
	Neserialistica, and unsale lood	GOOD RETA									
	Good Retail Practices are preventative measures to	control the in	atroducti	on of no	athogons obc	micals and al					
IN OUT	odic i oou and water	COS R	R IN	OUT	r logens, che	Proper	Use of Utensils	COS	R		
Paste	urized eggs used where required		L		In-use ut	ensils: properly	y stored	003	K		
vvater	and ice from approved source				Utensils,	equipment and	d linens: properly stored, dried,				
	Food Temperature Control				handled		ce articles: properly stored, used		1		
Adequ	late equipment for temperature control				Gloves us	sed properly	ce articles: properly stored, used				
Appro	ved thawing methods used nometers provided and accurate					Utensils, Eq	uipment and Vending				
Mon	officiels provided and accurate				Food and	nonfood-conta	act surfaces cleanable, properly		1 2 3		
	Food Identification			- 3	Warewas	, constructed, a	installed, maintained, used; test				
Food properly labolod: original container				strips use	d						
Food properly labeled; original container Prevention of Food Contamination			-	Nonfood-	contact surface						
Insects, rodents, and animals not present				Hot and c	old water avail	sical Facilities lable; adequate pressure					
Contamination prevented during food preparation, storage					Plumbing	installed; prop	per backflow devices				
and display Personal cleanliness: clean outer clothing, hair restraint,			1					Epister)			
fingerr	nails and jewelry				and the same of th		r properly disposed				
VVIping	cloths: properly used and stored and vegetables washed before use				Toilet faci	lities: properly	constructed, supplied, cleaned				
			1		Garbage/i	refuse properly	disposed: facilities maintained				
Person in Charge /Ti	Person in Charge /Title: Physical facilities installed, maintained, and clean Date: Date:										
1-8-000											
nspector: Telephone No. EPHS No. Follow-up: Yes No											
MO 580-1814 (11-14)	DISTRIBUTION: WHI	TE - OWNER'S CO	DPY '	100	CANARY - FILE		/-up Date:		50.05		
		NAME OF TAXABLE PARTY.	COLUMN TO SERVICE STATE OF THE PARTY OF THE						FE 27		