

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

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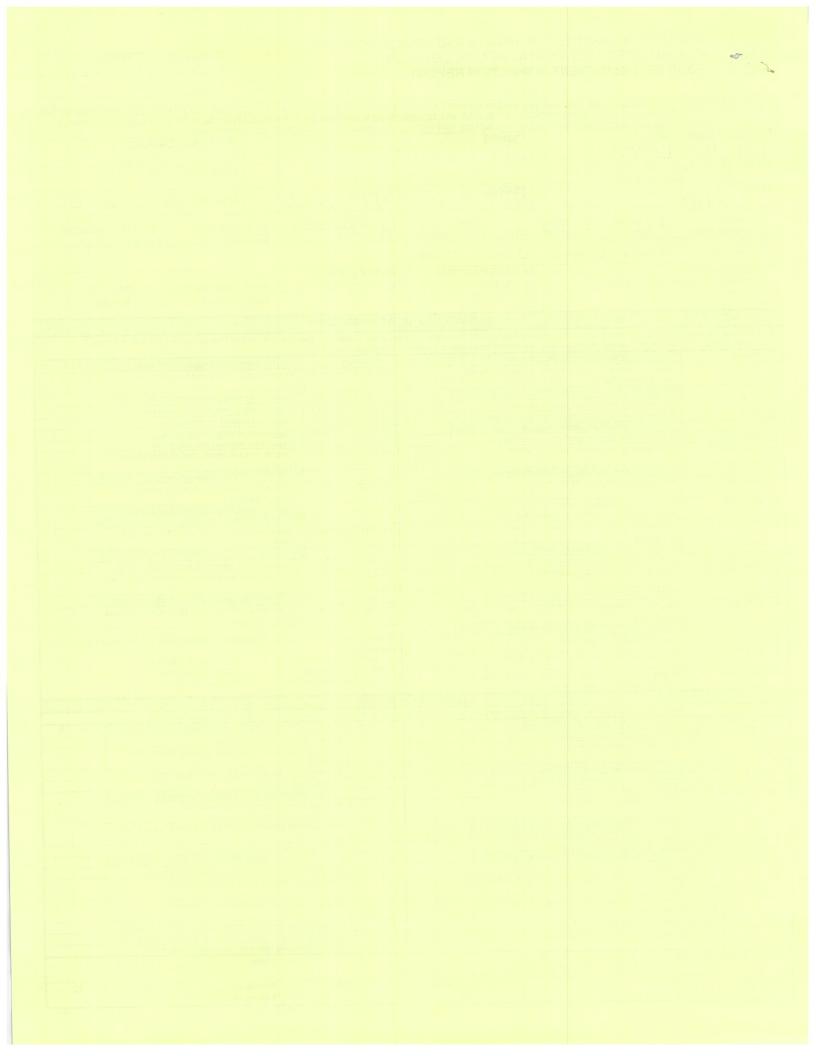
PASED ON AN INCOME	TION THE TANK								PAGE 01			
BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.								BY THE				
ESTABLISHMENT	ESTABLISHMENT NAME: OWNER: OWNER:				TINC	ESSAT	TION OF YO	OUR FOOD O	PERSON IN CHA		- COMP	LI
ADDRESS:	6 Main	000	n	0	an	<u>pie</u>		Joan Di	ampl	0		
CITY/ZIP:			LEV	٧.			COUNTY:	ent				
ESTABLISHMENT TYPE	11 65560	PH3MF: - 3	3148	3	FĄ	12	9-60	056	P.H. PRIORITY:	□н□	МД	L
☐ BAKERY ☐ RESTAURANT	C. STORE CATEREI SCHOOL SENIOR		DELI UMMER	REP		GROC	CERY STO		ISTITUTION	MOBILE '	VENDO	RS /
PURPOSE Pre-opening	☐ Routine ☐ Follow-up	☐ Complaint				IAVER	XIV		EMP.FOOD	meat	res	ae
FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY												
License No.	oved Not Applicable	PUBLIC PRIVATE			M	COMN	MUNITY	□ NON	I-COMMUNITY Sampled	□ PRIVA		
		RISK FA	CTOR	SAND	INTI	FRVFI	NTIONS	Date	Gampied	Resul	IS	
Risk factors are food p	preparation practices and employee	hehaviore most s	0.000.00		La di La							
		and delite of fileday	res to p	revent f	foodbo	orne illn	ess or injur	sease Control	and Prevention as cor	ntributing fact	ors in	
Compilance	Demonstration of Kno	owledge	CC	OS R	C	omplian	ce		otentially Hazardous F	oods	CC	OS F
IN OUT	Person in charge present, demon	strates knowledge	9,		IN	OUT	N/O N/A	Proper cool	king, time and tempera	ture	- 00)3 F
	Employee Heal	th	SEASON .		INI	OUT	N/O N//					
IN OUT	Management awareness; policy p	resent	COST .	4			N/O N/A	Proper rehi	eating procedures for h	not holding	1000	
IN OUT	Proper use of reporting, restriction	and exclusion			IN		N/O N/A	Proper cool	ing time and temperatures	ıres	19	
IN OUT NO	Good Hygienic Pra	ctices			IN	OUT	N/A	Proper cold	holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking or No discharge from eyes, nose and	tobacco use					N/O N/A	Proper date	marking and disposition	on		
	no discharge from eyes, nose and	a mouth			IN	OUT	N/O N/A	Time as a p	ublic health control (pr	ocedures /	gel (rey	400
	Preventing Contamination	n by Hands	200		-	2100		records)	Consumer Advisory		and the same of th	
IN OUT N/O	Hands clean and properly washed			7	IN	OUT	N/A	Consumer a	dvisory provided for ra	aw or		
IN OUT N/O	No bare hand contact with ready-	o-eat foods or			-			undercooke	d food			
	approved alternate method proper	rly followed		199				Hig	hly Susceptible Popula	ations		
IN OUT	Adequate handwashing facilities s	supplied &			IN OUT N/O N/A		Pasteurized	foods used, prohibited	foods not			
	accessible		1000			offered offered			10003 1101			
IN OUT	Approved Source Food obtained from approved source				101	0117			Chemical			
IN OUT N/O N/A Food received at proper temperature					OUT	N/A	Food additiv	es: approved and prop	erly used	100		
					1114	001		used	nces properly identifie	d, stored and	1	
IN OUT Food in good condition, safe and unadulterated IN OUT N/O N/A Required records available; shellstock tags, paraeit		unadulterated				With the same			ance with Approved P	rocedures		
IN OUT N/O N/A Required records available: shellstock tags, parasit destruction		tock tags, parasite			IN	OUT	N/A	Compliance	with approved Special	ized Process		
	Protection from Contan	nination						and HACCP	The state of the s			
IN OUT N/A	Food separated and protected				The	letter t	o the left of	each item ind	icates that item's statu	s at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned &	sanitized			insp	ection.	compliance					
					N	I/A = nc	t applicable	9	OUT = not in compli N/O = not observed			
IN OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food					CC	OS = Co	orrected On	Site	R = Repeat Item			
		G	OOD RE	TAIL P	RACI	TICES						
G	Safe Food and Water	ive measures to c	ontrol th	e introd	uction	of path	nogens che	micals and n	hysical objects into fee	do		
	oale i oou and water		cos	R	IN	OUT			r Use of Utensils	us.	cos	R
	ized eggs used where required and ice from approved source						In-use uto	ensils: properl	v stored		000	
vvalera	no loe from approved source			THE STATE OF	1		Utensils,	equipment an	d linens: properly store	ed, dried,		100
	Food Temperature Control						handled Single-us	e/single-sord	ce articles: properly sto	arad	100000	
Adequa	te equipment for temperature contr	ol					Gloves us	sed properly	se articles, properly sto	nea, usea		
Approve	ed thawing methods used meters provided and accurate							Utensils, Ed	uipment and Vending		10.77%	
memo	provided and accurate						Food and	nonfood-conf	act surfaces cleanable	, properly		
	Food Identification						Warewas	, constructed,	and used installed, maintained,	usod: to-t	3-1-2	
Fandan							strips use	d		usea, test		
rood pro	operly labeled; original container Prevention of Food Contamina	tion					Nonfood-	contact surfac	es clean			
Insects,	rodents, and animals not present						Hot and a	Phy:	sical Facilities		-75-7(5)2/	
Contamination prevented during food preparation, storage							Plumhing	installed pro	lable; adequate pressu per backflow devices	nte	No Except	
and display												
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry							Sewage a	ind wastewate	r properly disposed			
Wiping cloths: properly used and stored							Toilet faci	lities: properly	constructed, supplied,	alaam!	Y cycles	1996
Fruits an	nd vegetables washed before use						Garbage/	efuse properly	y disposed; facilities m	aintained	100	
Person in Charge /Title	A						Physical f	acilities install	ed, maintained, and cle	ean	19.55	
GISOIT III CHarge / Title	+ Danga	2						Date:	7-11	9-19		
nspector:		Telepl	none N	0./	-		EDHO No	e E-II.	X_1	1-11	_^	nunning Sent
3411/14 D	NED EPHSUI	1704	-311	16 X	(22	5	EPHS No.	7	v-up: □ ·· v-up Date:	Yes	No	0
MO 580-1814 (11-14)	C	DISTRIBUTION: WHITE	- OWNER'	S COPY			CANARY - FILE		r-up Date.	/		F6 37



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

TIME IN 3C	P	TIME OUT 400
PAGE / of	0	h 1

BASED ON A	NINSDEC	TION THIS DAY THE ITEMS AN							17102 7 010		medical As
NEXT ROLLTI	NE INSDE	CTION THIS DAY, THE ITEMS NO ECTION, OR SUCH SHORTER PI	OTED BELOW IDENTIF	Y NONC	OMPLI.	ANCE I	N OPERAT	IONS OR FAC	ILITIES WHICH MUST BE COR	RECTED	DV TU
WITH ANY TI	MELIMIT	S FOR CORRECTIONS SPECIFIC	ERIOD OF TIME AS MA	AY BE SP	ECIFIE	DINW	RITING BY	THE REGULA	ATORY AUTHORITY, FAILURE	TO COM	DI V
NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CENTRE STABLISHMENT NAME: OWNER:						CESSA	TION OF Y	OUR FOOD O	PERATIONS.	TO COM	
1 V 1 m		NAME:	OWNER:		-	PERSON IN CHARGE:					
e e i Ca Ca	mec	121500	dim+	000	14	Sample Joan Sam					
ADDRESS	10	DE MA	1011/11/0	M	100	MI	411			and I want	
(000 0, 111Wh							A		COUNTY:		Charles !
CITY/ZIP: / FF/ O PHONE:					I E				Deri		
5	10/01	n lahhlar	PHONE: - 21	40	1 -	X	1 106	=/	B H DDIODITY - FT 115		
ESTABLISHME	ENT TYPE	11 0000	10101	70	,	107	1-60.	26	P.H. PRIORITY: H [」 M ⊵	J.L
BAKER		☐ C. STORE ☐ CATERI	-n				- Ville				00000
RESTA				1		GRO	CERY STO	RE IN	ISTITUTION MOBIL	EVENDO	npe
PURPOSE	ONAIVI	☐ SCHOOL ☐ SENIOR	CENTER SUM	MER F.P.		TAVE	RN		MP.FOOD Meat		
☐ Pre-ope	anina	Routine Follow-up			4 11				THUS I	1. 121	
the state of the latest the state of the sta			☐ Complaint ☐	Other							
FROZEN D	ESSERT		SEWAGE DISPOS	2.4.1	10/0	TED	N IDDI V	<u> </u>			
DApproved	Disappr	cved Not Applicable	DLIVAGE DISPOS	DAL			UPPLY			internation	
License No.		A rock topiloable	PUBLIC		M	COM	MUNITY	☐ NON	-COMMUNITY PRIV	/ATE	
_			PRIVATE		1			Date		ults	
									1,00	uito	
			RISK FACT	ORS AN	ID INT	ERVE	NTIONS				
Risk factors	are food r	reparation practices and employed	o hohoviere masst					acting a passing			
foodborne illn	ess outbre	eaks Public health intervention	e periaviors most comi	monly rep	orted to	the Ce	enters for Dis	sease Control	and Prevention as contributing fa	ctors in	
Compliance	occ outbro			to preven	it loodb	orne ilir	less or injur	y.			
1		Demonstration of K	nowledge	cos	R (Complian	nce	Po	otentially Hazardous Foods	I C	os
LIN OUT		Person in charge present, demo	instrates knowledge,	100	IN	OUT	N/O N/A	Proper cook	ring, time and temperature	0	.00
		and performs duties						. 10001 00010	and temperature		
		Employee He	alth	1	IN	OUT	N/O N/A	Proper rehe	eating procedures for hot holding	100	
JN OUT		Management awareness; policy	present		INI	OUT	N/O N/A	Proper see !!	ng time and the stor not noiding		
IN/ OUT		Proper use of reporting, restricti	on and exclusion				N/O N/A	Proper cooli	ng time and temperatures	Ball to the	
		Good Hygienic Pr	actices					Proper hot h	olding temperatures		
IN OUT NO	1	Proper eating, tasting, drinking of	or tobacco use			OUT	N/A	Proper cold	holding temperatures		
IN OUT NO		No discharge from eyes, nose a	nd manuals				N/O N/A	Proper date	marking and disposition	100	STANGE OF
	and the same	The discharge from eyes, nose a	na moutn		IN	OUT	N/O N/A	Time as a pu	ublic health control (procedures /	THE WAY	1927
		Broventing Control - 1						records)			
IN OUT NO	-	Preventing Contaminati	on by Hands						Consumer Advisory	West of the last o	
111 001 1110		Hands clean and properly washe	ed		IN	OUT	(N/A)	Consumer a	dvisory provided for raw or		- 100
IN OUT NO)	N-1- L						undercooked	food		
114 001 (14/0		No bare hand contact with ready	-to-eat foods or						hly Susceptible Populations		
IN OUT		approved alternate method prop	erly followed				5		my edocopable i opulations		
IN OUT		Adequate handwashing facilities	supplied &		IN	OUT	N/O N/A	Pasteurized	foods used, prohibited foods not		
		accessible						offered	loods used, profibiled loods not		
		Approved Soul	ce and an arms				-3	Olicica	Chemical	ENCORPOSE DE LA CONTRACTOR DE LA CONTRAC	
IN OUT	\	Food obtained from approved so	urce		IN	OUT	(N/A)	Food addition			V 10 Km
IN OUT NO	N/A	Food received at proper tempera	ture			OUT	IN/A	Food additive	es: approved and properly used	PAGE 1	
		p spar tempore	naro .		114	001		l oxic substai	nces properly identified, stored a	nd	
IN OUT	and the same	Food in good condition, safe and	unadulterated		-	-		used		atility and	
IN OUT NO	N/A	Required records available: shell	atack to a a a a a a					Conforma	ance with Approved Procedures		200
		destruction	stock tags, parasite		IN	OUT	N/A	Compliance v	with approved Specialized Proce	SS	60 mg
-		Protection from Conta						and HACCP	plan		
IN OUT	N/A	Frotection from Conta	imination		Th	- 1-44	- 11 1 51 5				
111 001	IN/A	Food separated and protected			ine	e letter i	to the left of	each item indi	icates that item's status at the tim	e of the	
IN (OUT)	N/A	Food-contact surfaces cleaned &	sanitized		- IIIS	pection.					
and the state of t					11/4 = 11	compliance	е	OUT = not in compliance			
IN OUT (N/O) Proper disposition of returned, previously served,					V/A = DC	ot applicable	9	N/O = not observed			
		reconditioned, and unsafe food			1 0	05 = 0	orrected On	Site	R = Repeat Item		
			GOOI	RETAIL	DDAG	TIOTO					
	G	good Retail Practices are prevents	tive measures to see to	JILLIAIL	FRAG	TICES					
IN OUT		Safe Food and Water	tive measures to contro	of the intro	duction	of path	nogens, che	emicals, and ph	nysical objects into foods.		Example:
		Safe Food and Water ized eggs used where required	CC	S R	IN	OUT		Proper	Use of Utensils	cos	R
	Water	nd ice from approved source					In-use ute	ensils: properly	/ stored		
	vvaler a	no roll approved source					Utensils.	equipment and	d linens: properly stored, dried,	1 3 3 3 3 3 3	
		Foots					handled		p. spony stored, dried,		17-116
	A -I	Food Temperature Control						e/single-service	e articles: properly stored, used		Manufield Committee
	Adequat	e equipment for temperature con	trol				Gloves	sed properly	z z. doloc. property storeu, used	E STATE	1 - X - X
	Approve	thawing methods used					5700 US		uipment and Vending		SE SE
1	Thermor	reters provided and accurate					Food and	nonfood cart	act surfaces cleanable, properly		
			4/1-2-2-3				designed	, constructed, a	and used	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Food Identification					Wording.	hing facility	and used		
							etring	imig iacilities: i	installed, maintained, used; test		
	Food pro	pperly labeled; original container					strips use			THE REAL PROPERTY.	
		Prevention of Food Contamina	ation		-		NONTOOD-0	contact surface		1 3 3 3 7 7	
-	Insects.	rodents, and animals not present					WAR THE THE THE	Phys	ical Facilities		Press of
	Contami	nation prevented during food prep	paration storage				Hot and c	old water avail	able; adequate pressure		
Secretary 1	and disp	lav	diation, storage				Plumbing	installed; prop	er backflow devices		D. STONES
	Personal	cleanliness: clean outer clothing,	hair rootrois t	-							Variety I
	fingernai	ls and jewelry	riail restraint,				Sewage a	ind wastewater	properly disposed		
	Wiping cloths: properly used and stored									100	
	Fruits an	d vegetables washed before use					Toilet facil	lities: properly	constructed, supplied, cleaned	THE WELL	
	r runo all	o regetables washed before use					Garbage/r	refuse properly	disposed: facilities maintained	TO THE PROPERTY.	4854420
	nos /Til	17	1				Physical fa	acilities installe	ed, maintained, and clean		111111111
Dornor In Ol	Iraa / Litla	il line	1 - /					Date:			
Person in Cha	arge / Title	THE STATE OF THE S						Date.		1	
	Arge / Hille	ADON ZIE	Jan All						d-14-1		
Person in Cha	A S	your Zit	Tolonhan	e No	700		EDLIC N	F. II	0-19-1	1	
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

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PAGE 2 of	1

ESTABLISHMENT	NAME		ADDDESS		L FAGE () OF	1	
Mera	me	r Bison	ADDRESS 5	, main	CITY	ZIP - 51	0
FOO	D DD	DDUCT/LOCATION			Dalem	6506	0
100	DIII	BB6C1/E0CATION	TEMP.	FOOD PRODUCT/	LOCATION	TEMP.	
			1				
		(11) /200	1110	000-001			
reduction of		IXX FOUR	Wall	WX			
			R	1)			
Code							
Reference F	Priority	items contribute directly to the elim	PRIC	PRITY ITEMS			nitial
1/0///	or injury	. These items MUST RECEIVE II	MMEDIATE ACTION wi	perity ITEMS eduction to an acceptable level, hazards a thin 72 hours or as stated.	ssociated with foodborne illness	(date)	1
7-1001,114 1	100	enved debis in	Venmore	upright treezer.		2-19-19	H
				1 3	6	2111/	, -
			2			- //	
T. C. CANEDO							
Code							
Reference C	ore iter	ns relate to general sanitation, one	COI erational controls facilities	RE ITEMS		Correct by Initi	ial
st	andard	operating procedures (SSOPs). 1	These items are to be o	es or structures, equipment design, genera corrected by the next regular inspection	or as stated.	(date)	1
4-204.119 1	VO	thermometer	in denn	nore treezer.	1	19-19/19	H
					9	111111	
							-
							-
						2	
			EDUCATION	20//DED OD 2011/15			200
			EDUCATION PE	ROVIDED OR COMMENTS			
			1				
Person in Charg	e /Title	Jan C/	10		Date: 7-11	119	
Inspector:	7	1000	Tolonbone	a No.	0-1-	1-11	
Doma	100	100 EPHSH	Telephone	EPHS No.	Follow-up: Date:	Yes	10
MO 580-1814 (9-13)	1	DIS	STRIBUTION: WHITE - OWNER	'S COPY CANARY - FILE COPY	Tollow-up Date.	1-1-1-1	