

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

TIME IN	0	TIME OUT
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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 REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.												
ESTABLISHMENT NAME: OWNER: DL Roge					00/111	011 01 10	3111 002 01	PERSON IN CHARGE:				
ADDRESS: Scenic Rivers Blyd								COUNTY: Dent				
CITY/ZIP: 65560 PHONE: 78				FAX: P.H. PRIORITY: H					H 💆 M	л 🗆 г	-	
ESTABLISHMENT TYPE BAKERY RESTAURANT	EMP. FO	OD	☐ GROCERY STORE ☐ INSTITUTION ☐ TAVERN ☐ MOBILE VENDORS									
RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDOR PURPOSE Pre-opening Routine Follow-up Complaint Other												
FROZEN DESSERT Approved Disapproved Not Applicable License No. SEWAGE DISP PUBLIC PRIVATE		POSAL				JPPLY UNITY		-COMMUN Sampled		PRIVAT Results		
Pick factors are food	RISK FA						anna Cantral	and Description		la a Casta		
foodborne illness outb	reaks. Public health interventions are control measu	ires to pre	event fo	odbor	ne illne	ess or injury	1.					
IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge	COS	S R	16	mplianc	e N/O N/A			zardous Foods d temperature		COS	S R
5	and performs duties Employee Health		1	IN	OUT	N/O N/A	Proper rehe	eating proced	lures for hot ho	olding		
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclusion					N/O N/A N/O N/A		ing time and nolding temper	temperatures			
The state of the s	Good Hygienic Practices			IN	OUT	N/A	Proper cold	holding temp	peratures			
IN OUT N/O	Proper eating, tasting, drinking or tobacco use No discharge from eyes, nose and mouth					N/O N/A		marking and	disposition control (proced	uros /		
33 (13)				113	001	WOUNA	records)			uies /		
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed			IN	OUT	N/A			ided for raw or			
IN OUT N/O	No bare hand contact with ready-to-eat foods or	CS-1					undercooke Hig		ble Populations	S		
IN OUT	Epproved alternate method properly followed Adequate handwashing facilities supplied &			IN OUT N/O N/A Pasteuriz		Pasteurized	foods used.	prohibited food	ds not			
	accessible Approved Source						offered	Chen				
IN OUT Food obtained from approved source			(OUT	N/A		es: approved	d and properly			
IN OUT N/O N/A Food received at proper temperature				IN	OUT		Toxic substa used	ances proper	ly identified, ste	ored and		
IN OUT IN OUT N/O N/A	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasit	9		IN	OUT	N/A			oproved Proceed Specialized			
cestruction Protection from Contamination							and HACCP		od opeolalized	1100033		
IN OUT N/A Food separated and protected							each item ind	dicates that it	em's status at	the time of	of the	
IN OUT N/A Food-contact surfaces cleaned & sanitized					ection. IN = in	complianc	e		t in compliance)		
IN OUT N/O Proper disposition of returned, previously served,				N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item								
	reconditioned, and unsafe food	SOOD RE	TAILF	RACT	ICES							
	Good Retail Practices are preventative measures to	control the	e introd	uction	of path	nogens, che	emicals, and p	hysical object	cts into foods.			
IN OUT Paste	Safe Food and Water eurized eggs used where required	cos	R	IN	OUT	In uso ut	Proper ensils: proper	er Use of Ute	nsils		cos	R
	r and ice from approved source			1		Utensils,			perly stored, d	lried,		
	Food Temperature Control			1		handled Single-us	se/single-serv	ice articles: p	properly stored	used		
	uate equipment for temperature control oved thawing methods used			1		Gloves u	sed properly					
	nometers provided and accurate			1			Utensils, Equipment and Vending ood and nonfood-contact surfaces cleanable, properly esigned, constructed, and used					
	Food Identification			1		Warewas	shing facilities		aintained, used	d; test		
Food	properly labeled; original container			V	1	Strips use Nonfood	-contact surfa					
Insec	Prevention of Food Contamination ts, modents, and animals not present			1		Hot and		ysical Facilitie	es uate pressure			
Conta	Contamination prevented during food preparation, storage and display			1			g installed; pro					
Personal cleanliness: clean outer clothing, hair restraint, fingernals and jewelry				-		Sewage	and wastewat	er properly d	isposed			
Wipin	Wiping coths: properly used and stored			1					d, supplied, cle			
Fruits and vegetables washed before use					-	Garbage Physical	retuse proper facilities insta	rly disposed; lled, maintair	facilities maint ned, and clean	ained		
Person in Charge /7	HE OPPORT TO MAGE	ex					Date		1-7-7	000	7	
Inspector:	Inspector: Telephone No. EPHS No. Follow-up: Yes No Follow-up Date:											
MO 580 1814 (11 14)	778	- OHBIEDI	0.000			11/1				-		



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ESTABLISHMENT NAME	ADDRESS	Dia Pina Dhad	CITY Goleson	ZIP / 55(0)
JOHIC DRIVE JAM	ON M	nicRivers Blvd	Julen	60000
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/		TEMP.
Shreadla theese whilein	25	LOVILLOS BU	erageAirecoole	de
lempnade " "	igho	purger	yon anii	1320
total total	120	IDM GATOSIICAS	prepgable	330
trench tres 11 11	200	TUOTIDIU NOT all	Sprepmage	1790
Code	PRI PRI	ORITY ITEMS	DENE WIYAM	Correct by Initial
Reference Priority items contribute directly to the elir	nination, prevention or	reduction to an acceptable level, hazards a vithin 72 hours or as stated.	associated with foodborne illness	(date)
Hall All All Sa bottom of	De 10 100		BOIRMAP AIRE	1-10-20 DR
typezer has del	ons on H	he hottom	sec conger in c	110000
				- 至
Hall Hoss tomato sa	icer need:	s deep cleaned.		1-10-20 OK
Code Reference Core items relate to general sanitation, op	erational controls, facil	ORE ITEMS ities or structures, equipment design, gene	ral maintenance or sanitation	Correct by Initial (date)
standard operating procedures (SSOPs).	These items are to be	corrected by the next regular inspection	on or as stated.	
460111 Ups: Outside o	t contai	ners stored with	n clean dishes	1-10-20 OK
Thomas to touch	1			
HODUICONS: condensor	timo so	caling of ine	hin france	2-1120/
Marine Copi Con Com Tax	Has dripped	on boxes-	hin herzer	0 100 VC
HATTHE ONE OYOGSP TYOU	Phologo	dayed with little	vadohus mi	2-7-220/
2-501.116 Floor -	MANX	La co William	r Turph Son a	2 LOOK
HOLLIL DIS: arease tro	20 Cakes	d with arease.		2-7-220K
	U			1000
4901.11 Obs! dishes put	auau b	uet.		1-1522 OK
EDITO DE CITA	-0	VACE .		
FOULLAR LYDD: HODYS IN a	18hung le	uxhing avea stic	ku.	1-10-23 OK
TENTILOR LA PINA FILIA C				- 100
TOULT UP TRED TABLE TO	ridge has	s water standing	g on the ?	1-92 DV
thoor of tridge.	0		J	
	EDITOATION	PROVIDED OR COMMENTS		
	LDOCATION	LING VIDED ON COMMENTS		
Person in Charge /Title:			Date:	7 00
- Meda Offailly	Mardel			-00
Inspector: 1000 PHST	Telepho	one No. EPHS No.	Follow-up:	Yes □ No
MO 580-1814 (11-14)	DISTRIBUTION: WHITE - OWN	IER'S COPY CANARY - FILE COPY	. Short up buto.	E6.37A



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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 REGULATORY AUTHORITY. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS. ESTABLISHMENT NAME: OWNER: DEPENDING CHARGE									
ESTABLISHMENT	NAME: OWNER:	1 RD	DPY	5		PERSON IN CHARGE:	PERSON IN CHARGE:		
ADDRESS:	Rivers Blvd	(COUNTY: DECY						
CITY/ZIP:	1800	FAX: P.H. PRIORITY:							
ESTABLISHMENT TYPE BAKERY RESTAURANT	ELI MP. FOOD	GROCERY STORE INSTITUTION TAVERN MOBILE VENDORS							
PURPOSE ☐ Pre-opening	☐ Routine ☐ Follow-up ☐ Complaint	Other							
FROZEN DESSERT Approved Disapproved Not Applicable License No. Description of the provided PRIVATE SEWAGE DISPOSAL PUBLIC PRIVATE WATER SUPPLY NON-COMMUNITY PRIVATE Results									
Diels fe atoms one feed a		CTORS AND							
foodborne illness outbre	preparation practices and employee behaviors most co eaks. Public health interventions are control measur	mmonly reported to prevent	rted to to	he Cent rne illne	ters for Dis ss or injury	ease Control and Prevention as contributing factors in			
Compliance IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge			ompliance		OS R			
IN 001	and performs duties		-		N/O N/A	Proper cooking, time and temperature			
IN OUT	Employee Health Management awareness; policy present				N/O N/A	Proper reheating procedures for hot holding Proper cooling time and temperatures			
IN OUT	Proper use of reporting, restriction and exclusion		IN	OUT N	N/O N/A	Proper hot holding temperatures			
IN OUT N/O	Good Hygienic Practices Proper eating, tasting, drinking or tobacco use			OUT N	N/A N/O N/A	Proper cold holding temperatures Proper date marking and disposition			
IN OUT N/O	No discharge from eyes, nose and mouth				N/O N/A	Time as a public health control (procedures / records)			
	Preventing Contamination by Hands					Consumer Advisory			
IN OUT N/O	Hands clean and properly washed		IN			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 &				N/O N/A	Pasteurized foods used, prohibited foods not			
	accessible Approved Source		-	offere		offered Chemical			
IN OUT IN OUT N/O N/A	Food obtained from approved source		_	OUT	N/A	Food additives: approved and properly used			
	Food received at proper temperature		IIN	OUT		Toxic substances properly identified, stored and used			
IN OUT IN OUT N/O N/A	Food in good condition, safe and unadulterated Required records available: shellstock tags, parasite		INI	OUT	N/A	Conformance with Approved Procedures Compliance with approved Specialized Process			
	destruction		"	001	IN/A	and HACCP plan			
IN OUT N/A	Protection from Contamination Food separated and protected				the left of	each item indicates that item's status at the time of the			
IN OUT N/A	Food-contact surfaces cleaned & sanitized		inspection. IN = in compliance OUT = not in compliance						
IN OUT N/O	Proper disposition of returned, previously served,		N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item						
	reconditioned, and unsafe food	OOD DETAIL	L PRACTICES						
	Good Retail Practices are preventative measures to co				ogens, che	emicals, and physical objects into foods			
IN OUT	Safe Food and Water	COS R	IN	OUT		Proper Use of Utensils COS	R		
	urized eggs used where required and ice from approved source					ensils: properly stored equipment and linens: properly stored, dried,			
				ay L	handled				
Adequ	Food Temperature Control ate equipment for temperature control					se/single-service articles: properly stored, used			
Approv	ved thawing methods used					Utensils, Equipment and Vending			
Therm	ometers provided and accurate				Food and	d nonfood-contact surfaces cleanable, properly			
	Food Identification				Warewas	shing facilities: installed, maintained, used; test			
Food p	roperly labeled; original container		L		strips use Nonfood-	-contact surfaces clean			
Insects	Prevention of Food Contamination , rodents, and animals not present				List and	Physical Facilities			
Contar	nination prevented during food preparation, storage					cold water available; adequate pressure g installed; proper backflow devices			
	and display Personal cleanliness: clean outer clothing, hair restraint,				Sewage	and wastewater properly disposed			
fingernails and jewelry Wiping cloths: properly used and stored						cilities: properly constructed, supplied, cleaned			
Fruits and vegetables washed before use			1		Garbage	/refuse properly disposed; facilities maintained			
Person in Charge /Ti	tle:				Physical	facilities installed, maintained, and clean Date:			
Inspector;		hana NI-			EDITO V	01-15-2000			
MO 580-1814 (11-14)	70 M 2000 EPPD # 139-3100 X10b 1109 Follow-up Date:								