

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

1:30	P	2:120
TIME IN 54	A	TIME OUT
PAGE /	of a	

BASED ON AN INSDE	CTION THIS BANK THE ITEM						LFAGE 1 OF			
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 RECULATIONS WHICH MUST BE CORRECTED BY THE										
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY BEST IT IN CERCATION OF THE REGULATORY AUTHORITY. FAILURE TO COMPI								LY		
ESTABLISHMENT NAME: OWNER:					JESSA I	ION OF YO	OUR FOOD OPERATIONS.	OPERATIONS.		
Sub	KOOP	rd	Lil	100	0	PERSON IN CHARGE:	I file file I la I have for			
ADDRESS: 11	-1-0	1 1	111	100	11	1014 4111	1071			
	04 95, 111am	ot,					COUNTY: Dent			
CITY/ZIP: Gal	on LEGIO PHON	E HO	27	FA	X:	2 7 7	1000	,		
ESTABLISHMENT TYPE	011 00000 11	34-18	21		1/0	14-1	837 P.H. PRIORITY: H	M \square	L	
□ BAKERY	☐ C. STORE ☐ CATERER	□ DELI					7	,		
RESTAURANT	SCHOOL SENIOR CENTER	SUMME	RFD	H	TAVER	ERY STO	- WORLE	VENDOF	RS	
PÜRPOSE	N _		X 1 .1 .	- 3	IAVER	(IV	☐ TEMP.FOOD			
☐ Pre-opening	Routine Follow-up Con	nplaint 🔲 C	Other							
FROZEN DESSER		E DISPOSAL		I WA	TER SI	JPPLY				
∐Approved ☐Disapp	roved Not Applicable PUE	3LIC	7() 			IUNITY	□ NON-COMMUNITY □ PRIVA			
License No.	PRI	VATE						N I ⊑ Its		
William Company of the Company of th							Tesu	15		
Dialy for the	· ·	RISK FACTOR	RS AN	DINT	ERVEN	NTIONS				
foodborne illness outh	preparation practices and employee behavior	s most common	nly repo	orted to	the Cer	nters for Dis	sease Control and Prevention as contributing fac	tors in		
Compliance	reaks. Public health interventions are control Demonstration of Knowledge	or measures to p	Dievell	LIOUUD	orne iline	ess or injur	у.	010 111		
IN OUT	Person in charge present, demonstrates kr	Co	os		Complianc		Potentially Hazardous Foods	CO	S F	
	and performs duties	lowledge,		IN	OUT	N/O N/A	Proper cooking, time and temperature			
	Employee Health			IN	OUT (N/O N/A	Proper reheating presedures for but he till			
IN OUT	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 exc	lusion				N/O N/A	Proper hot holding temperatures			
IN OUT (N/O)	Good Hygienic Practices			IN	OUT	N/A	Proper cold holding temperatures	-		
IN OUT N/O	Proper eating, tasting, drinking or tobacco on No discharge from eyes, nose and mouth	Jse		IN	OUT I	N/O N/A	Proper date marking and disposition	ber	negative .	
	The discharge from eyes, nose and mouth			IN	OUT	N/O N/A	Time as a public health control (procedures /			
	Preventing Contamination by Hand	Is					records) Consumer Advisory	-		
IN OUT N/O	Hands clean and properly washed		1	IN	OUT	N/A	Consumer advisory provided for raw or			
IN OUT N/O	No hore hand and a 10 to 10						undercooked food			
114 001 14/0	No bare hand contact with ready-to-eat foor approved alternate method properly followers	ds or					Highly Susceptible Populations			
IN OUT	Adequate handwashing facilities supplied &	d		INI	OUT	N/O(N/A)	Posts and the second se			
	accessible			1 114	0011	VIOINA	Pasteurized foods used, prohibited foods not offered			
	Approved Source						Chemical			
IN OUT N/O N/A	Food obtained from approved source				OUT	(N/A	Food additives: approved and properly used		-	
IN OUT N/O N/A	Food received at proper temperature	B Comment		(IN)	OUT		Toxic substances properly identified, stored and	t		
IN OUT	Food in good condition, safe and unadultera	hated		1			used			
IN OUT N/O (N/A	Required records available: shellstock tags,	parasite		IN	OUT	(N/A	Conformance with Approved Procedures Compliance with approved Specialized Process			
	destruction				001		and HACCP plan			
IN OUT N/A	Protection from Contamination			Th	a letter to	o the left of				
- Company	Food separated and protected			ins	pection.	o ti le leit oi	f each item indicates that item's status at the time	of the		
- manage	Food-contact surfaces cleaned & sanitized				IN = in	complianc				
IN OUT (N/O) Proper disposition of returned, previously served N/A = not applicable N/O = not observed										
reconditioned, and unsafe food										
Bertania a de la como	Cood Retail Directions	GOOD R	ETAIL	PRAC	TICES					
IN OUT	Good Retail Practices are preventative measi Safe Food and Water	ures to control the	ne intro	duction	of path	ogens, che	emicals, and physical objects into foods.			
Pasteu	rized eggs used where required	003		IN	OUT	In upo ut	Proper Use of Utensils	cos	R	
	and ice from approved source			1		Utensile	ensils: properly stored equipment and linens: properly stored, dried,			
				1		handled				
Adequi	Food Temperature Control ate equipment for temperature control				-	Single-us	se/single-service articles: properly stored, used	1		
Approx	ed thawing methods used			1		Gloves u	sed properly			
Therm	ometers provided and accurate			-		Food and	Utensils, Equipment and Vending			
V				V		designed	nonfood-contact surfaces cleanable, properly constructed, and used			
	Food Identification				. /		shing facilities: installed, maintained, used; test			
Food n	roperly labeled; original container					strips use	ed			
1 00d p	Prevention of Food Contamination	ALL PARTIES AND ADDRESS OF THE PARTIES AND ADDRE		-		Nonfood-	contact surfaces clean	time		
Insects, rodents, and animals not present				1		Hot and a	Physical Facilities cold water available; adequate pressure			
Contan	nination prevented during food preparation, st	orage			_	Plumbing	installed; proper backflow devices			
and dis	play			V						
fingern	Personal cleanliness: clean outer clothing, hair restraint,				-	Sewage a	and wastewater properly disposed			
Wiping	fingernails and jewelry Wiping cloths: properly used and stored					Toilet fee	ilitias: proporty construct - 1			
Fruits a	nd vegetables washed before use			1		Garbage/	ilities: properly constructed, supplied, cleaned refuse properly disposed; facilities maintained			
					397.51	Physical f	facilities installed, maintained, and clean			
Person in Charge/Tit	and ahoten Manage	7			The second second		Date:	10		
The transfer of the transfer o										
- 600 m	ON FUHSTT	Telephone N	10.	·V	DE B	EPHS No		No.	0	
MO 580-1814 (11-14)	DISTRIBUTIO	N: WHITE - OWNER	R'S COPY	NO		CANARY - FILE	Follow-up Date:		F0.67	



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

1:30p	2:120
TIME INSUA	TIME OUT 45A
PAGE 2 of 2	

ESTABLISHME	NT NAME		ADDRESS	00 4 01	CIT	TY	ZIP	
Jubi	Day		1134 5	. Main Stre	zet	Salem	655	100
FC	OD PRO	DUCT/LOCATION	TEMP.	FOOD	PRODUCT/ LO	CATION	TEM	P
month	- 1k	hotholdsvaline	1500	am million	Com	Cola cooler	27	0
procedi	chort	100 11 11 W	IEHO	MISSOLWINE	DULL	the color	1 11/4)
most h	201	child haldess lim	ITAO	Clicadora	MOIDING	P Walla Gook	44	0
DUCCIO	harloh	LUXU NOU DIL TIVE	Tho	SUCIA DI HONS	> Wi	ukin Looler	36	0
Arman	runu	V 11 11 H 11	20	Chicken	- 11	11 11	94	
911000	TOM	CHOPS	340	Steak	11	11 11	30	0
Code Reference	Priority	items contribute directly to the eling. These items MUST RECEIVE II	nination prevention or	IORITY ITEMS reduction to an acceptable le	evel, hazards asso	ciated with foodborne illness	Correct by (date)	Initial
0-20112	Obs	ened emologo	PS AND LIN	Shina hands		1: Soap before	1110	20
2011.00	wat	er touchira 120	terhandl		proper w	1. Soup betore	7-1-17	a
	Inne	, rongue of an	OKA I WI WALL	e when wash	IT IS TUOP	MOO		
3-401.18	Dhs	enved out area	n Oppoor	Swithdison	d date o	f 2-20-10	1106	0
Julio Dieso		TOTA UM LIFE	marie -	DUITIUDUAL	1 mule c	1 3 30117	000	12
77-204.11	Dibse	med Sanitizer in	1 3ints	nk and red	bucket 1	sille Comilie.	1000	
1 00 17 11	Tha	+ was toostron		MC WW YELL	Ducker L	with Sanitizer	uo	20
152	1/100	100 SINVI	19.					
4-202 11	Oloca	ned cracked lid	m (m)	- 11-	1-3-1		000	
100011	VIDE	med tracked lid	I on conta	iner at 3 vo	to sink.		as	2
				, o				
	1							
								- 1
								W. E. W. C.
		A STATE OF THE STA						
Code	Coro ito	ms relate to general assitution on	C	ORE ITEMS			Correct by	Initial
Code Reference	Core ite	ms relate to general sanitation, op	erational controls, facil	lities or structures, equipment	t design, general mular inspection o	naintenance or sanitation	Correct by (date)	Initial
	Core ite	operating procedures (SSOPs).	erational controls, faci These items are to b	lities or structures, equipment	t design, general n ular inspection of	naintenance or sanitation ras stated.		Initial
	Olos	operating procedures (SSOPs). Proved Manager	erational controls, faci These items are to b	lities or structures, equipment e corrected by the next reg	design, general mular inspection of	naintenance or sanitation r as stated. S were done		Initial
	Core ite standard	operating procedures (SSOPs).	erational controls, faci These items are to b	lities or structures, equipment e corrected by the next reg	t design, general mular inspection of	naintenance or sanitation r as stated. S were dono		Initial
	Olos	nved manager uring gloves.	erational controls, faci These items are to b WITH PM	lities or structures, equipment e corrected by the next reg nited Naus - /	ular inspection of	r as stated. S were dono		Initial OC
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	Olos	nved manager uring gloves.	erational controls, faci These items are to b WITH PM	lities or structures, equipment e corrected by the next reg inted Naws - 1	ular inspection of	r as stated. S were dono		Initial AC
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME!DOA		TIME OUT
PAGE	of	

F-10-5											
	TION THIS DAY, THE ITEMS NOTED BEL CTION, OR SUCH SHORTER PERIOD OF FOR CORRECTIONS SPECIFIED IN THI								UST BE CORRE	CTED I	BY THE
LOTABLISHIVIENT	STABLISHMENT NAME: OWNER:						PERSON IN CHARGE:				
ADDRESS:	Way ROPER AI							COUNTY	COUNTY: Dal		
CITY/ZIP:G	1134 5. Man 5t.					FAX: Dent					
ESTABLISHMENT TYPE	17) 165,000 LIS	7		79	-782	77	P.H. PRIORIT	Y: H	М	L	
BAKERY RESTAURANT PURPOSE	☐ C. STORE ☐ CATERER ☐ DELI ☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VE								VENDO	RS	
☐ Pre-opening		mplaint	ther								
FROZEN DESSERT Approved Disapproved Not Applicable License No. SEWAGE DISPOSAL PUBLIC PRIVATE NON-COMMUNITY Date Sampled Results											
District Association		RISK FACTORS									
TO COUNTY OF THE	reparation practices and employee behavio eaks. Public health interventions are cont	rs most commonly rol measures to pr	y reporter	ed to	the Cer	nters for Dis	sease Control	and Prevention as	contributing fact	ors in	
Compliance IN OUT	Demonstration of Knowledge	CO	S R	Co	ompliand	е	Po	otentially Hazardo	us Foods	CC	os I
114 001	Person in charge present, demonstrates k and performs duties	nowledge,		IN OUT N/O N/A		Proper cook	ing, time and temp	perature			
IN OUT	Employee Health Management awareness; policy present			IN		N/O N/A N/O N/A	Proper rehe	eating procedures	for hot holding		
IN OUT	Proper use of reporting, restriction and ex-	clusion		IN		N/O N/A	Proper hot h	ng time and tempe olding temperatur	es		
IN) OUT N/O	Good Hygienic Practices Proper eating, tasting, drinking or tobacco	USE		IN	OUT	N/A N/O N/A	Proper cold	holding temperatu	res		
HN OUT N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O N/A	Time as a pu	marking and dispo ublic health contro	l (procedures /		
IN OUT MO	Preventing Contamination by Han	ds					records)	Consumer Advis	sorv		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A Cons		Consumer ad	dvisory provided for	or raw or			
IN OUT N/O	No bare hand contact with ready-to-eat for approved alternate method properly follow	ods or		unde		High	hly Susceptible Po				
IN OUT	Adequate handwashing facilities supplied accessible	&		IN OUT N/O N/A P		Pasteurized foods used, prohibited foods not					
	Approved Source						offered	Chemical			
IN OUT N/O N/A	Food obtained from approved source Food received at proper temperature				OUT	N/A	Food additive	es: approved and	properly used		
IN OUT				IN OUT			l oxic substai	nces properly ider	ntified, stored and	i	
IN OUT N/O N/A	Food in good condition, safe and unadulter Required records available: shellstock tags	ated parasite		IN OUT N/A Complia		Compliance	ance with Approve	ed Procedures			
	destruction Protection from Contamination	, , , , , , , , , , , , , , , , , , , ,				IV/A	and HACCP	with approved Spe plan	cialized Process		
IN OUT N/A	Food separated and protected			The	letter to	the left of	each item indi	cates that item's s	status at the time	of the	
IN OUT N/A				ection. IN = in	compliance	9	OUT = not in cor	mpliance			
IN OUT N/O	Proper disposition of returned, previously s reconditioned, and unsafe food	erved,		N.	/A = no	t applicable rrected On		N/O = not obser R = Repeat Item	ved		
		GOOD RE	TAIL PE	RACT	ICES						
IN OUT	Good Retail Practices are preventative meas	ures to control the	introdu	ction	of path	ogens, che	micals, and ph	nysical objects into	foods.		
THE RESERVE AND THE PERSON NAMED IN COLUMN 1997	Safe Food and Water ized eggs used where required	cos	R	IN	OUT		Proper	Use of Utensils		cos	R
Water a	nd ice from approved source					Utensils,	ensils: properly equipment and	stored linens: properly s	stored, dried		
5880	Food Temperature Control					handled		e articles: properl			100
Adequa	te equipment for temperature control ed thawing methods used					Gloves us	sed properly				
	meters provided and accurate					Food and	Utensils, Equ	uipment and Vend act surfaces clean	able properly		
	Food Identification					designed,	constructed, a	and used			
Food pr						strips use	d	installed, maintain	ed, used; test		
Food pro	operly labeled; original container Prevention of Food Contamination		- 1			Nonfood-	contact surface	es clean ical Facilities		,	A. C.
Insects, rodents, and animals not present						Hot and c	old water avail	able; adequate pr	essure		
Contamination prevented during food preparation, storage and display						Plumbing	installed; prop	er backflow device	es		
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry						Sewage a	nd wastewater	r properly dispose	d		
Wiping of Fruits an	sloths: properly used and stored degree value of vegetables washed before use					Toilet facil	ities: properly	constructed, supp	lied, cleaned		
			V	/		Physical fa	eruse properly acilities installe	disposed; facilitie ed, maintained, an	s maintained d clean	1000	
Person in Charge /Title	Halla Han						Date:	4-	23-18	2	
Inspector:	as EPHSIR	Telephone No	20/-1	(2)	25 E	PHS No.			Yes	N N	0
MO 580-1814 (11-14)	DISTRIBUTION	ON: WHITE - OWNER'S	COPY	CA)	ANARY - FILE		-up Date:	/	_	