

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

| 3 | TIME IN 8 | P | THEPH | P |
|---|-----------|------|-------|---|
| | PAGE / | of 3 | 3 | |

| INEXT ROUTINE INSPE | ECTION THIS DAY, THE ITEMS NOTED BI ECTION, OR SUCH SHORTER PERIOD (S FOR CORRECTIONS SPECIFIED IN T | OF TIME AS MA | AYBES | SPEC | IFIFD | IN WE | ITING BY | THE RECULA | TORY ALITHOPITY FAILURE TO | CTED B | Y THE |
|---|---|---------------------------------|--------------|------------------|---|----------------------|--------------------------------|------------------------------------|--|--------|-------|
| WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MADE STABLISHMENT NAME: OWNER: | | | | | Mundwiller Jacintal | | | | | 2114 | 21/ |
| ADDRESS: 704 5, Main 5t. | | | | | COUNTY: | | | | | 7111 | Α. |
| city/zipem 65560 PHONE:-78 | | | | | 00 FAX: 39-8701 P.H. PRIORITY: 🗵 | | | | | М | L |
| ESTABLISHMENT TYPE BAKERY RESTAURANT | ☐ C. STORE ☐ CATERER ☐ SCHOOL ☐ SENIOR CENTE | DEL | .I P. FOO | D | R | GROC | ERY STOP | | ISTITUTION DBILE VENDORS | | |
| PURPOSE Pre-opening | 7 | | Othe | | | | | | SOLE VERBOILD | | \$ |
| FROZEN DESSER | roved Not Applicable | AGE DISPOS PUBLIC PRIVATE | SAL | | | | JPPLY IUNITY | | -COMMUNITY PRIVA | | |
| Pick factors are food | proporation practices and ampleus habit | RISK FACT | | | | | | | | | |
| Toodborne illness outbi | preparation practices and employee beha reaks. Public health interventions are co | ontrol measures | monly rest | eporte ent fo | ed to odbo | the Cer rne illne | nters for Dis | sease Control y. | and Prevention as contributing fact | ors in | |
| Compliance IN OUT | Demonstration of Knowledg | ge | cos | R | C | omplianc | e | P | otentially Hazardous Foods | СО | S F |
| IN 001 | Person in charge present, demonstrate and performs duties | s knowledge, | | | IN | OUT (| N/O/N/A | Proper cook | king, time and temperature | | |
| OUT. | Employee Health | | | | | | N/O N/A | | eating procedures for hot holding | | |
| IN OUT | Management awareness; policy presen Proper use of reporting, restriction and | exclusion | | - | | | N/O N/A | | ing time and temperatures | 1 | |
| | Good Hygienic Practices | | | | IN | OUT | N/A | | holding temperatures | 1 | |
| IN OUT N/O | Proper eating, tasting, drinking or tobac No discharge from eyes, nose and mou | co use | V | 1 | | | N/O N/A | Proper date | marking and disposition | | |
| 9 5511115 | | | | | IIN | 001 | N/O N/A | records) | ublic health control (procedures / | | |
| IN OUT N/O | Preventing Contamination by H Hands clean and properly washed | lands | | | INI | OUT | | | Consumer Advisory | | |
| | | | | | IIN | OUT | N/A | Consumer a | dvisory provided for raw or | | |
| IN OUT N/O | No bare hand contact with ready-to-eat approved alternate method properly follows: | foods or | , | | | | Highly Susceptible Populations | | | | |
| IN OUT | Adequate handwashing facilities supplie | ed & | | | IN | OUT I | N/O N/A | Pasteurized | foods used, prohibited foods not | | |
| | accessible Approved Source | | | | offered | | | | | | |
| IN OUT | Food obtained from approved source | | | 1 | IN | OUT | N/A | Food additiv | Chemical es: approved and properly used | | |
| IN OUT N/O N/A | Food received at proper temperature | | | | | OUT | INA | Toxic substa | inces properly identified, stored and | | - 1 |
| IN OUT | Food in good condition, safe and unadu | Iterated | | - | | | | used | ance with Approved Procedures | | 37 |
| IN OUT N/O N/A | Required records available: shellstock to | ags, parasite | | | IN | OUT | (N/A) | Compliance | with approved Specialized Process | | |
| | destruction Protection from Contamination | nn , | | | | | | and HACCP | plan | | |
| IN OUT N/A | Food separated and protected | | | | The | letter to | o the left of | each item ind | licates that item's status at the time | of the | |
| IN OUT N/A | Food-contact surfaces cleaned & sanitize | red | | Н | | IN = in | compliance | е | OUT = not in compliance | | |
| IN OUT N/O Proper disposition of returned, previously served, | | y served, | | | N/A = not applicable N/O = not observed | | | | | | |
| | reconditioned, and unsafe food | 000 | | | | | Trected Off | Oite | R = Repeat Item | | |
| | Good Retail Practices are preventative me | easures to cont | D RETA | AIL P | RACT | of path | ogone obo | micala and a | busined ability to the first | | |
| 114 001 | Sate Food and Water | C | OS F | ? | IN | OUT | | Prope | r Use of Utensils | cos | R |
| Water | urized eggs used where required and ice from approved source | | | | V | | In-use ut | ensils: properl | y stored | (800) | |
| | | | | | | V | handled | | d linens: properly stored, dried, | 1 | |
| Adequ | Food Temperature Control ate equipment for temperature control | | | | 1 | | Single-us | e/single-servi | ce articles: properly stored, used | | |
| Approv | ved thawing methods used | | | | | | | Utensils, Ed | juipment and Vending | | - |
| Therm | ometers provided and accurate | | | | | V | Food and | nonfood-cont | tact surfaces cleanable, properly | | |
| | Food Identification | | | | 1 | | Warewas | , constructed, hing facilities: | and used installed, maintained, used; test | - | |
| Food r | properly labeled; original container | | | - | V | - | strips use | ed | | | |
| | Prevention of Food Contamination | | | | | | | contact surfact Phy | sical Facilities | | |
| | s, rodents, and animals not present | ctorogo | | | 1 | - 1 | Hot and c | old water ava | ilable; adequate pressure | | |
| Contamination prevented during food preparation, storage and display | | | | 1 | | Plumbing | installed; proj | per backflow devices | | | |
| Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | | 1 | | Sewage a | and wastewate | er properly disposed | | | |
| Wiping cloths: properly used and stored | | | | | 1 | Toilet faci | lities: properly | constructed, supplied, cleaned | 1 | | |
| Fruits and vegetables washed before use | | | - | | 1 | Garbage/ | refuse properl | y disposed; facilities maintained | | | |
| Person in Charge /Ti | le: | | | | | | Physical f | Date: | ed, maintained, and clean | | |
| 3-10-2003 | | | | | | | | | | | |
| Inspector: | D EPHSII | Telepho | ne No | X | 101 | 5 | EPHS No. | | v-up: Yes | □ No | 0 |
| MO 580-1814 (11-14) | DISTRIB | UTION: WHITE - OV | WNER'S C | OPY | | (| CANARY - FILE | | 3-27- | 23 | E6.37 |
| | | | | | | | | | | | |



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

TIME IN TIME OUT ...

| ESTABLISHMENT NAME | ADDRESS U G | maina | CITY | Balana | ZIP EELA | | | | |
|--|-----------------------------|---|---|-----------------------|---------------------------|--|--|--|--|
| FOOD PRODUCT/LOCATION | TEMP. | FOOD F | PRODUCT/ LOCA | JULY 1 | 600100 | | | | |
| taro mest serving line | 1270 | (deslaw) | Servino | | TEMP. | | | | |
| Drown gravy 11 3 11 | 1370 | Chicken | bot he | line. | 1000 | | | | |
| mac+cheese/ 11 11 | 113° | French Fries | 1101 10 | n n | 1760 | | | | |
| Shredded cheese 11 11 | 40° | Weslaw | wash | in conter | 370 | | | | |
| 1 lettuce 11 11 | 400 | Chicken Strips | Henny Pe | nnu Warmer | 137-141 | | | | |
| Code Reference Priority items contribute directly to the elin or injury. These items MUST RECEIVE II | nination prevention or | ORITY ITEMS reduction to an acceptable lever ithin 72 hours or as stated. | STREET, | | Correct by Initial (date) | | | | |
| | nana ou | A 0+ + | | | 3-9-23 JU | | | | |
| 3-501.16A) Obs: mac and c | herse at | 1120 001100 | d and w | 21 1. 1 | 605 | | | | |
| Thrown away, | TIELSE UN | 115- July | 1 WW YO | oluntarily | WS | | | | |
| 4-202.11 Obs: Corner broke | n off of to | wists conta | iner, | | 3-9-23 | | | | |
| Hal, 11(A) Obs! debris in | underw | runter refrig | evator in | syg, line. | 3-9-23 | | | | |
| 2401.11 Obs: Open bewerag | op can sitt | ing above so | vinna li | ino. Must | (00 111 | | | | |
| Use aup with a | lid and | a straw, | 1011911 | IVU IVIUSI | as on | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | y | | | | | | |
| | | | | * | | | | | |
| | | | | | | | | | |
| Code Reference Core items relate to general sanitation, operating procedures (SSOPs) | erational controls facility | RE ITEMS | esian general main | topopos or conitation | Correct by Initial | | | | |
| Collin (Collins operating procedures (SSOPS). | rnese items are to be | corrected by the next regula | ar inspection or as | stated. | (date) | | | | |
| 2-501.10 Ups: Thont hand s | ank dirt | y. | | | 3-9-23 | | | | |
| 5-205,15 B) Obs: Front hand | sink slow | of draining | 0 | | 2.07.12 | | | | |
| | 0. VC 0100 | or www. | 1. | | raras | | | | |
| -WILL Obs. Twists Conto | wier dir | ty moutsic | de. | - | 3-9-23 | | | | |
| 1/0/11/2/2001 6-1 | | | | | | | | | |
| mxes are kent | ebris on s | helt where | KHClid | sand ? | 5-9-23 | | | | |
| DAS WE ROT | | | | | | | | | |
| 501.12(A) Obsi arease alo | nalvall | andunder | fryers. | Piece of B | -21-22 | | | | |
| Cardboard unde | whyer c | ompletelus | Soaked | 1. | 0100 | | | | |
| 50112/4) Oct 2: 2 = 1 1 | 0 | / 3 | | | | | | | |
| william ups, pipes behin | a mer | s caked w | ith gre | ase, 3 | -27-23 | | | | |
| -101.19 Chs; card board | Complety | 11 Staked 1 | inder 1 | ner 2 | 407-23 AVA | | | | |
| card board prohib | ited as in | His not pas | ily cles | anable, | 01019211 | | | | |
| EDUCATION PROVIDED OR COMMENTS | | | | | | | | | |
| recommend hose hi | b Vacanon Pl | ON DIED OR COMMENT | is fin | horn mo | Osinka | | | | |
| 1 TOSE OF | D Value | " I OF THE | 13 101 | ton in my | OHUL), | | | | |
| Person/in Charge /Title: | , | | | Date: | 1 77 | | | | |
| Dispector: 2 2000 10015 TI | Telephon | e No: VI 6 (EPHS N | No. 6 | 2-6 | 2-00 | | | | |
| OPTUCYDIU) EPTID. II | STRIBUTION: WHITE - OWNER | 106×106 1 | 100 | Follow-up Date: | Yes No 3-9-23 | | | | |
| V | WHITE - OWNER | R'S COPY CANARY - | FILE COPY | 3-27 | 7-23 E6.37A | | | | |



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

| TIME IN 38P | TIME OUT 50 |
|-------------|-------------|
| PAGE 3 of | 3 |

| ESTABLISHMENT NAME | ADDRESS | 5. Main | Salem | ZIP/_55 | 7/0 |
|---|---|--|----------------------------------|-------------------|---------|
| FOOD PRODUCT/LOCATION | TEMP. | FOOD PRODUCT/ | TEMP. | | |
| water nottle undercoverse trid | P 40° | | | | |
| | | | | | |
| | | | | | |
| Code Reference Priority items contribute directly to the elin | PRI | ORITY ITEMS | | Correct by | Initial |
| or injury. These items MUST RECEIVE I | mination, prevention or a IMMEDIATE ACTION w | reduction to an acceptable level, hazards a vithin 72 hours or as stated. | ssociated with foodborne illness | (date) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | 7 | Gu. |
| | | | | | |
| Code Reference Core items relate to general sanitation, op standard operating procedures (SSOPs). | erational controls, facilit | DRE ITEMS ties or structures, equipment design, genera | al maintenance or sanitation | Correct by (date) | Initial |
| 4-601.11 Obs: Allequipm | | to sight and to | uch | 3-27-23 | 2m |
| 2501.11 Obsi hukentile | in front | of chief of form | | | 01 |
| and debris, | IFI ITOTLI | of chicken type | ull of liquid | 3-21-23 | |
| HOIM? Obst in Chicken | a Conta | that the racks i | | 200 000 | |
| on depris. | Tager. | That the racks I | rave a caked | 5-d'1-d3 | |
| 5501 DA Obsilin II helin | d avant | ship tails do | | 1/2 53 | |
| Call Call Control | a prep 10 | able with debis | , | 3-9-23 | |
| 1901.11 Ubs: dishes put | away u | ret. | 6 | 36-23 | |
| 5202.15 Obs: back door | not tig | ht fitting. | 3 | -27-23 | |
| -204112 Obs: no themon | refer in w | ider counter bever | age fridae, a | 1-9-23 | |
| 301.12 Obs! no paper to | . ols mon | s Postrom | | 100 | 0 11 |
| many may my more | | ROVIDED OR COMMENTS | ſ | | HM |
| | | | | | |
| Person in Charge /Title: | 1/4 | | Date: 2 1 | 2007 | |
| nspector: 600 FP451 | Telephon | ne No. EPHS No. | Follow-up: | Yes 🗆 | No |
| IO 580-1814 (11-14) | | | Follow-up Date: | C 0- | |