

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

TIMEINOOA		TIME OUTS					
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BASED ON A	NINCOE	CTION THE DAY THE ITEMS							17102 01 01		
WITH ANY TII	ME LIMIT	S FOR CORRECTIONS SPECIFI	OTED BELOW IDENT ERIOD OF TIME AS N ED IN THIS NOTICE	TIFY NOT MAY BE MAY RE	NCOM SPEC SULT	IPLIANCE IFIED IN W IN CESSA	IN OPERAT VRITING BY TION OF YO	IONS OR FAC THE REGULA OUR FOOD OF	ILITIES WHICH MUST BE CCRRI	CTED E	3Y THE
WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS. ESTABLISHMENT NAME: OWNER: ADDRESS: OWNER: OWNER:							de				
ADDRESS: 1402 N DOK COUNTY: 7							COUNTY:	ww	un		
DUIFIN (037)01 5.13-44.1-54494				FAX: P.H. PRIORITY: ☐ H ☒ M ☐ L							
ESTABLISHME BAKER RESTA	Y	C. STORE CATERER DELI GROCERY STORE INSTITUTION					STITUTION				
PURPOSE Pre-ope		Routine Follow-up		Othe		☐ TAVE	:RN	_ MC	DBILE VENDORS		
FROZEN D	ESSER'	T	SEWAGE DISPO			WATER S	SUPPLY				1
□ Approved □ Disapproved □ Not Applicable License No. □ PUBLIC □ PUBLIC □ PRIVATE □ PRIVATE □ Date Sampled □ NON-COMMUNITY □ PRIVATE □ PRIVATE											
Risk factors	are food	proparation practices and a	RISK FAC	CTORS	AND	INTERVE	ENTIONS				
	ess outbr		o die contion measure	mmonly res to pres	reporte vent fo	ed to the Co odborne ill	enters for Dis ness or injur	sease Control a	and Prevention as contributing fact	ors in	
Compliance IN OUT		Demonstration of K	nowledge	COS	R	Complian		Po	ofentially Hazardous Foods	CC	OS F
		and performs duties Employee Hea					-		ing, time and temperature		
IN OUT		Management awareness; policy	present				N/O N/A	Proper rehe Proper coolii	eating procedures for hot holding ng time and temperatures	2.00	
IN OUT		Proper use of reporting, restriction Good Hygienic Pr	actices			IN OUT	N/O N/A	Proper hot h	olding temperatures holding temperatures		
IN OUT N/C		Proper eating, tasting, drinking of No discharge from eyes, nose a	or tobacco use		(IN OUT	N/O N/A	Proper date	marking and disposition		
	/					IN OUT	N/O N/A	Time as a purecords)	ublic health control (procedures /		
IN OUT N/O		Preventing Contaminati Hands clean and properly washe	on by Hands ed			IN OUT	(N/A)	Consumor a	Consumer Advisory dvisory provided for raw or		230
IN OUT N/O		No bare hand contact with ready	/-to-eat foods or					undercookec	I food		4
IN OUT		approved alternate method prop Adequate handwashing facilities	erly followed						nly Susceptible Populations		
		accessible				IN OUT	N/O N/A	Pasteurized to	foods used, prohibited foods not		
IN OUT		Approved Sour	rce			IN OUT	NIA		Chemical		
IN OUT N/O	IN OUT N/O N/A Food received at proper temperature				IN OUT	N/A	Toxic substar	es: approved and properly used noces properly identified, stored and			
IN OUT		Food in good condition, safe and	unadulterated				-	used Conforma	ance with Approved Procedures		
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction				IN OUT	N/A	Compliance v	with approved Specialized Process		75		
IN OUT	OUT N/A Food separated and protected		6.276		The letter	to the left of	- 102 TO 100 TO 100		of the		
Deeple	and protocod				The letter to the left of each item indicates that item's status at the inspection. IN = in compliance OUT = not in compliance				or the		
IN OUT N/O Proper disposition of returned, previously served				N/A = n	ot applicable Corrected On	е	OUT = not in compliance N/O = not observed R = Repeat Item				
		reconditioned, and unsafe food	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OD RET	All PE	RACTICES		I GILC	N = Nepeat item		
IN OUT		Good Retail Practices are preventa	ative measures to con	ntrol the in	ntrodu	ction of pa	thogens, che	emicals, and ph	nysical objects into foods.		
The Col	- Maria Maria	Safe Food and Water irized eggs used where required		COS F	R	IN OUT			Use of Utensils	cos	R
	Water	and ice from approved source				10	Utensils,	equipment and	d linens: properly stored, dried,		
		Food Temperature Contro	ol			-	handled		ce articles: properly stored, used		
1	Adequa	ate equipment for temperature con red thawing methods used	trol			V	Gloves u	sed properly			
1		ometers provided and accurate		3			Food and	nonfood-conta	uipment and Vending act surfaces cleanable, properly		
		Food Identification					designed	, constructed, a	and used installed, maintained, used; test		
Food properly labeled; original container			- 1		strips use	ed contact surface					
Prevention of Food Contamination						Phys	sical Facilities				
Insects, rodents, and animals not present Contamination prevented during food preparation, storage					Hot and o	cold water avail	lable; adequate pressure er backflow devices				
and display Personal cleanliness: clean outer clothing, hair restraint,			- 1				r properly disposed				
fingernails and jewelry Wiping cloths: properly used and stored			-	1							
Fruits and vegetables washed before use				V	Garbage/	refuse properly	constructed, supplied, cleaned / disposed; facilities maintained				
Person in Cha	Person in Charge /Titles / A A Parage /Titles / A A										
Jackston 1 1 1 1 1 2024											
an sold	Lon	on HHSE	573-	729-	310	16	EPHS No	Follow	/-up: Yes /-up Date:	DAY	0
MO 580-1814 (11-14)	1		DISTRIBUTION: WHITE - C	OWNER'S C	OPY	106	CANARY - FILE		177 (2)		E6.37



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TIMETINOA	TIME OUTS A					
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ESTABLISHMENT NAME FOOD PRODUCT/LOCATION	ADDRESS 402	N. Oak	54.	Salem	655 TEM	160
Custard-Comingout machin	TEMP.		-00D PKODUCI/	LOCATION	TEM	F.
Galanz Verna ambient Tem Soda Hisense	1100					
Code	PRIC	ORITY ITEMS			Correct by	Initial
Reference Priority items contribute directly to the e or injury. These items MUST RECEIVE	limination, prevention or r IMMEDIATE ACTION w	reduction to an acceptithin 72 hours or as		associated with foodborne illness	(date)	1
7-102,11 Observed unlas	peled som		20	L Set to	C05	6
4-2021 Nosewed Crack	dlidono	pallon of	Custara	(,	05	0
		<u></u>				
						•
Code Reference Core items relate to general sanitation, standard operating procedures (SSOPs	operational controls, facility. These items are to be			oral maintenance or sanitation on or as stated.	Correct by (date)	Initial
4-34,11 UDSERVED CHACKED	t + Chipped-	mm onco	untertop	in Trailer.	4-26-24	10
				No. of the second		
	EDUCATION F	PROVIDED OR CO	DMMENTS			
	\					
Person in Charge /Title:	down	, Own	ev EDUS No. 1	Date:	2-202	34
MO 580-1814 (11-14)	Telepho	199 X106	CANARY - FILE COPY	Follow-up Date:	Yes - 1	No E6.37A