

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

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TIME INS P	TIME OUT 50
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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: PERSON IN CHARGE:								
alentonnu	whilenter @ The Armony Cityot	500	n/	HE	thy	Dent	tland Jackie DISCO	
ADDRESS: 1200 W. Rolla Road				COUNTY: Der			COUNTY: Dent	
CITY/ZIP: 65560 PHONE: 9-8				FAX:			P.H. PRIORITY : D H I M I L	
ESTABLISHMENT TYPE						RY STORE	E INSTITUTION Commercial	
DIRESTAURANT	V		31	U T/	VERN		MOBILE VENDORS Kitchen	_
Pre-opening Routine Follow-up Complaint Other FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY								
	roved I Not Applicable I PUBLIC	50, 1L			DMMU		NON-COMMUNITY PRIVATE Date Sampled Results	
	RISK FAU	TOPE		NITE		TONE		
Risk factors are food			210227 222	0.0110	and the property		ease Control and Prevention as contributing factors in	
foodborne illness outbr Compliance	eaks. Public health interventions are control measured by Demonstration of Knowledge	cos	ent fo	the second se	ne illnes apliance	No. of Concession, Name of Street, or other	7. Potentially Hazardous Foods COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties					/O N/A	Proper cooking, time and temperature	
IN OUT	Employee Health Management awareness; policy present					/O N/A /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	/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 /O N/A	Proper cold holding temperatures Proper date marking and disposition True to the the temperature dates of temperature dat	<u> </u>
IN OUT N/O	No discharge from eyes, nose and mouth				JUIN	/0 N/A	Time as a public health control (procedures / records)	
IN OUT N/O	Preventing Contamination by Hands Hands clean and properly washed			IN (DUT	N/A	Consumer Advisory Consumer advisory provided for raw or	
IN OUT N/O	No bare hand contact with ready-to-eat foods or						undercooked food Highly Susceptible Populations	
IN OUT	approved alternate method properly followed Adequate handwashing facilities supplied &			IN (N TUC	IO N/A	Pasteurized foods used, prohibited foods not	
	accessible Approved Source					0	offered Chemical	
IN OUT N/O N/A	Food obtained from approved source Food received at proper temperature		(IN O		N/A	Food additives: approved and properly used Toxic substances properly identified, stored and	
IN OUT NA	Food in good condition, safe and unadulterated			Conformance with Approved Procedures			Conformance with Approved Procedures	
IN OUT NO NA	Required records available: shellstock tags, parasite destruction			IN (TUC	N/A	Compliance with approved Specialized Process and HACCP plan	
Protection from Contamination IN_OUTN/AFood separated and protected			-			the left of	f each item indicates that item's status at the time of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized	V						
IN OUT NO NA	Proper disposition of returned, previously served, reconditioned, and unsafe food	isly served, COS = Corrected Or						
	G Good Retail Practices are preventative measures to c	OOD RET				ogens che	emicals and physical objects into foods	
IN OUT	Safe Food and Water		R	IN	OUT			R
	urized eggs used where required and ice from approved source						, equipment and linens: properly stored, dried,	
	Food Temperature Control			-		Single-us	ise/single-service articles: properly stored, used	
Appro	uate equipment for temperature control ved thawing methods used				and party and		Utensils, Equipment and Vending	
Thern	nometers provided and accurate			V		designed	d nonfood-contact surfaces cleanable, properly d, constructed, and used	
	Food Identification		1	V		strips use		
	properly labeled; original container Prevention of Food Contamination				2		I-contact surfaces clean Physical Facilities	
Conta	is, rodents, and animals not present mination prevented during food preparation, storage			V			cold water available; adequate pressure g installed; proper backflow devices	
Perso	isplay nal cleanliness: clean outer clothing, hair restraint,			-		Sewage	and wastewater properly disposed	
Wipin	nails and jewelry g cloths: properly used and stored		1	- married	examplement.		cilities: properly constructed, supplied, cleaned	
Fruits	and vegetables washed before use			L	V		e/refuse properly disposed; facilities maintained	
Person in Charge /T	itle:		4				Date: 6-5-2024	
Inspector:	Inspector: Telephone No. EPHS No. Follow-up: Yes No. Follow-up Date: 1010-24							
MO 580-1814 (11-14)	DISTRIBUTION: WHIT	E - OWNER'S	COPY	2		CANARY – FIL		6.37



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Solem promundy anter of Annon 1200 W, RouaRoad CITY Solem	ZIP 5560
FOOD PRODUCT/LOCATION TEMP. FOOD PRODUCT/ LOCATION	TEMP.
Commercial retrig 31 Amount 39°	
ITECOF INDIA D	
Code PRIORITY ITEMS	Correct by Initial
Reference Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	(date)
4601.11A Ubserved inside of commercial retrigerator + treezer	COSUMO
with debris.	
+601.11A Observed pans in kitchen divity to sight + touch.	0-10-24 Amo
Code CORE ITEMS Reference Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation	Correct by Initial (date)
standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.	0-10-24 mg
o sol, io was nu humany gine anny.	L'in a fille
5205.15(B) Obs: hand sink leaking from faucet + pipes below.	1-10-24
4-204,112 Obs: no oven the mometer OK	12-10-24
4-501, 14 Dbs: 3Vat sink with debns	0.10-04
4-101, 19 Obs: piece of wood (holding up bowl of indirect plumbing),	0-10-24
not easily cleanable	
0-501, 12(A) Obs: Floors and ways that need cleaned. ON	0-10-24
t-601,11C Obs! 3 tier cart divty.	10-10-a4
4-24,112,005' over + stove neededeared inside + out. D/	6-10-24 m
VE	
EDUCATION PROVIDED OR COMMENTS	
Person in Charge /Title: Date:	5-2024
Inspector: Telephone No. EPHS No. Follow-up: Follow-up Date:	Yes No
MO 580-1814 (11-14) DISTRIBUTION: WHITE - OWNER'S COPY CANARY - FILE COPY	E6.37A
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

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ESTABLISHMENT NAME	ADDRESS	1 Pollo Port	CITY	ZIP	
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	LOCATION	TEMP.	
Code	PRIC	ORITY ITEMS		Correct by	Initial
Reference Priority items contribute directly to the el or injury. These items MUST RECEIVE	imination, prevention or r IMMEDIATE ACTION w	reduction to an acceptable level, hazards a ithin 72 hours or as stated.	ssociated with foodborne illness	(date)	
Code Reference Core items relate to general sanitation, o	CC operational controls, facili	ORE ITEMS ties or structures, equipment design, gener e corrected by the next regular inspection	al maintenance or sanitation	Correct by (date)	Initial
standard operating procedures (SSOPs)	. These items are to be around be	corrected by the next regular inspection	n or as stated.	J-ID-24	mo
water saked	+ voltina,	nuno cuona ne	xinningol	1001	The
	9				
4-601,11(; Obs: treezer + 1	reingerato	r dirty to sight +	touch, OK	6-10-24	
3-307.11 Dbs: employee for	n in com	mercial freezer	ok	6-10-24	
provini prost or project of	·	mino back net co.	0.5		
4-60,110 Obs: small app	rances tori		ruch.	6-10-24	fro
		<u> </u>			
	EDUCATION	PROVIDED OR COMMENTS			
Person in Charge /Title:			Date:	5-202	-4
Person in Charge /Title:	Telepho		Date:	5-202 Yes E	-4] No