

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

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PAGE	of Z	and a					

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: Ke + Nick Patel PERSON IN CHARGE: PARMA DOMASON										
ADDRESS: 12005, Main St. MIKETNICK PUTEL Nathy Momason county: Dent										
CITY/ZIP: PHONE: 4-70			DO	00 FAX: 9-7976 P.H. PRIORITY : H						
RESTAURANT SCHOOL SENIOR CENTER TEMP. FOOD TAVERN MOBILE VENDORS PURPOSE Pre-opening Routine Follow-up Complaint Other										
FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY										
Approved Disappr License No.	Approved Disapproved Not Applicable PUBLIC DOMMUNITY PRIVATE									
		RISK FACT	ORS AN	ID INTE	RVEN	TIONS				
	preparation practices and employe eaks. Public health intervention		to preven	t foodbo	rne illne	ss or injury		n as contributing factor		
Compliance IN OUT	Demonstration of K Person in charge present, demo		COS		OUT N		Potentially Haza Proper cooking, time and t	and the second	COS	R
0	and performs duties Employee He	alth		IN	OUT N	N/O N/A	Proper reheating procedu	res for hot holding		
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restrict					N/O N/A	Proper cooling time and te Proper hot holding temper	mperatures atures		_
-	Good Hygienic P	actices		IN	OUT	N/A	Proper cold holding tempe	ratures		
IN OUT N/O	Proper eating, tasting, drinking No discharge from eyes, nose a					N/O N/A	Proper date marking and o Time as a public health co		2 1 A	
	Preventing Contaminat	ion by Hands		-		0	records) Consumer A	Advisory		
IN OUT N/O	Hands clean and properly wash			IN	OUT	N/A	Consumer advisory provid undercooked food	ed for raw or		
IN OUT N/O	No bare hand contact with read approved alternate method pro						Highly Susceptibl	e Populations		
INOUT	Adequate handwashing facilitie	s supplied &		IN	OUT N	N/O N/A	Pasteurized foods used, p offered	rohibited foods not		
	Approved Sol			INF	OUT	(NUA)	Chemi			-
IN OUT IN OUT N/O N/A	Food obtained from approved s Food received at proper temper				OUT	N/A	Food additives: approved Toxic substances properly			
IN OUT	Food in good condition, safe an	d unadulterated				()	used Conformance with App			
IN OUT N/O N/A Required records available: shellstock tags, parasite destruction				IN	OUT	N/A	Compliance with approved and HACCP plan	I Specialized Process		
IN OUT N/A	Protection from Con Food separated and protected	tamination					f each item indicates that ite	m's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned	& sanitized			IN = in compliance OUT = not in compliance					
IN OUT NO	Proper disposition of returned, reconditioned, and unsafe food	previously served,		N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item					1	
			OD RETA							
IN OUT	Good Retail Practices are prever Safe Food and Wate		trol the inf	troductic IN	on of pat	hogens, ch	emicals, and physical object Proper Use of Uten		COS	R
Paste	eurized eggs used where required			V		In-use u	itensils: properly stored			
Wate	r and ice from approved source	A			V	handled			L	
Adag	Food Temperature Cor uate equipment for temperature c			2			use/single-service articles: pr used properly	operly stored, used		
Appro	oved thawing methods used						Utensils, Equipment and		6	
Therr	mometers provided and accurate				1	designe	nd nonfood-contact surfaces d, constructed, and used			
	Food Identification			4	-	Warewa strips us	ashing facilities: installed, ma	aintained, used; test		
Food	properly labeled; original contained			V			d-contact surfaces clean			
Insec	Prevention of Food Contants, rodents, and animals not prese			U	-		Physical Facilitie cold water available; adequ	ate pressure		
Contamination prevented during food preparation, storage and display			L	-		ng installed; proper backflow				
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			V	-	Sewage	e and wastewater properly di	sposed			
Wiping cloths: properly used and stored			V			acilities: properly constructed				
Physical facilities installed, maintained, and clean										
Person in Charge /	Person in Charge /Title: Date: 3-24-2025									
Inspector:	Inspector: Telephone No. Telephone No. EPHS No. Follow-up: Yes No. Follow-up Date: 38									
MO 580-1814 (11-14)		DISTRIBUTION: WHITE -	OWNER'S C	OPY Y	106	CANARY - F				E6.37



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TIME	17A	TIME OUT 5A			
PAGE	Dof	2			

LESTABLISHMENT NAME	ADDRESS	mainst	CITYSalem	ZIP 55560
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUC	T/ LOCATION	TEMP.
Vogurt SM. Vefria.	360	0000	wt hold	153°
MIK II II	3.90	Sausage links	11 1)	196
unakes not hold	1440	pancakes 54	perior retrig.	35
Distuits In In	146	Cherse cubes	h H	41
Code N N	1'00 PRI	ORITY ITEMS	N N	Correct by Initial
Reference Priority items contribute directly to the elin or injury. These items MUST RECEIVE I	nination, prevention or	reduction to an acceptable level hazard	s associated with foodborne illness	(date)
4-202.11 Obs: Chipping o		Shelving insid	e sm. refia.	3-28-25 Kt
			- chine for any	
J.	1			
			Real Provention	
Code	C	ORE ITEMS		Correct by Initial
Reference Core items relate to general sanitation, op standard operating procedures (SSOPs).	erational controls, facili These items are to be	ities or structures, equipment design, ge corrected by the next regular inspec	eneral maintenance or sanitation	(date)
4-904.11 Obs: plates at	tood bu	ar stored wit	heating	CDS. Lar
Surface up.			9	
Energia danist	0	la des la lla	de la Est	20100
JAD, 11B) UDS. MARK 11	guid in	hand sink. Ha	nasnk tor	Sof-Diki
raus ong.				4
650/11 Obs: Chipped P	Dar tiles	around doon	ini 3	5-28-25 (+
				010 010
	a set of the			
			4	
			3	
9				
	EDUCATION			
Nord coning of a	EDUCATION	PROVIDED OR COMMENTS	-100 V 2	
week upples of a	Jerve St	we certific	ares NO	
Person in Charge /Title	· [Date: 3-2	4-2025
Inspector: 10 Data PULS I	- G M	one No. EPHS No.	Follow-up:	Yes No.
AND MAN FULS II	Elephi	124-2101-1-166	Follow-up Date:	2-28-25