

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

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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										
Vintage Apron Lori P			nk/Shala Shenherd Lovi Flank					PERSON IN CHARGE:		
ADDRESS: J801 E, Scenic Rivers Blvd. COUNTY: Dent										
CITY/ZIP: 65560 PHONE; FAX: P.H. PRIORITY: H M L					L					
☐ BAKERY ☐ RESTAURANT PURPOSE	C. STORE CATERER C CATERER C T	DELI EMP. FC	OOD	-	GROC TAVER	ERY STOR N		STITUTION DBILE VENDORS		
☐ Pre-opening	☐ Routine ☐ Follow-up ☐ Complaint	□ Ot	ther							
FROZEN DESSERT Approved Disapproved Not Applicable License No. SEWAGE DISPOSAL PUBLIC PRIVATE WATER SUPPLY COMMUNITY NON-COMMUNITY PRIVATE Results										
Risk factors are food	RISK FA									
foodborne illness outbi	eaks. Public nealth interventions are control measu	ires to pr	revent f	oodbo	rne illne	ess or injury	1.		rs in	
IN OUT	Demonstration of Knowledge Person in charge present, demonstrates knowledge and performs duties	CO e,	SR		OUT	e N/O N/A	Proper cook	otentially Hazardous Foods ing, time and temperature	СО	S R
IN OUT	Employee Health			_		N/O N/A		eating procedures for hot holding		
IN OUT	Management awareness; policy present Proper use of reporting, restriction and exclusion					N/O N/A		ng time and temperatures colding temperatures		
IN OUT N/O	Good Hygienic Practices Proper eating, tasting, drinking or tobacco use				OUT	N/A N/O N/A	Proper cold	holding temperatures marking and disposition	13,0	
IN OUT N/O	No discharge from eyes, nose and mouth					N/O N/A	Time as a p	ublic health control (procedures /		
IN OUT NO	Preventing Contamination by Hands						records)	Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN	OUT	N/A Consumer a undercooked		dvisory provided for raw or		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed		77				Hig	hly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & eccessible			IN OUT N/O N/A		Pasteurized offered	foods used, prohibited foods not			
IN OUT	Approved Source Food obtained from approved source			IN	OUT	N/A	Food additiv	Chemical		
IN OUT N/O N/A	Food received at proper temperature				OUT Toxic substances properly identified, stor		nces properly identified, stored and			
IN OUT	Food in good condition, safe and unadulterated							ance with Approved Procedures		
IN OUT N/O N/A Fequired records available: shellstock tags, parasite destruction		a		IN	OUT	N/A	Compliance and HACCP	with approved Specialized Process plan		
IN OUT N/A	Protection from Contamination Food separated and protected	Market St.		The	letter t	o the left of	each item inc	icates that item's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sanitized				ection. IN = in	n. in compliance OUT = not in compliance				
IN OUT N/O Proper disposition of returned, previously reconditioned, and unsafe food						N/O = not observed				
March College College		GOOD RE	ETAIL F	PRACT	ICES					
IN OUT	Good Retail Practices are preventative measures to consider the Safe Food and Water	COS	e introd	luction	of path	ogens, che		hysical objects into foods. r Use of Utensils	cos	R
	urized eggs used where required and ice from approved source						ensils: proper	y stored	000	10
VVator		b				handled		d linens: properly stored, dried,		
Adequ	Food Temperature Control ate equipment for temperature control					Single-us Gloves u	se/single-servi sed properly	ce articles: properly stored, used		
	vec thawing methods used on eters provided and accurate						Utensils, Ed	quipment and Vending tact surfaces cleanable, properly		
	Food Identification					designed	, constructed,	and used		
Facility					2	strips use	ed	installed, maintained, used; test		
Food	properly labeled; original container Prevention of Food Contamination					Nonfood-	contact surface	es clean sical Facilities		
	s, rodents, and animals not present mination prevented during food preparation, storage						cold water ava	ilable; adequate pressure	1 - 1 - 1	77-77
and di	splay al cleanliness: clean outer clothing, hair restraint,							per backflow devices		
fingernails and jewelry								er properly disposed		
	cloths; properly used and stored and vegetables washed before use					Garbage/	refuse proper	y constructed, supplied, cleaned ly disposed; facilities maintained		
Person in Charge /Ti	Physical facilities installed, maintained, and clean									
and I	KUL						Date	0-14-002	}	
Inspector:	WO CHIST Id	hone N	10	XIC	10	EPHS No	Follo	w-up: ☐ Yes w-up Date:	NE	0
MO 580-1814 (11-14)	Catering Business	- OWNER	'S COPY	1-	to	CANARY - FILE	COPY	per est of the second s		E6.37



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ESTABLISHME	NT NAME ADMIN	ADDRESS		CITY	ZIP 55	1
FC	OOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	LOCATION	0000	e _
	39.1030011200111011	TEIVIII.	FOOD FRODUCT/	LOCATION	TEMP.	
						-
Code Reference	Delayle to an activity of the second	-PRIC	DRITY ITEMS		Correct by	nitial
Reference	Priority items contribute directly to the eli or injury. These items MUST RECEIVE	mination, prevention or re IMMEDIATE ACTION wi	eduction to an acceptable level, hazards a thin 72 hours or as stated.	associated with foodborne illness	(date)	
	General Clean	ng of en-	five kitchen	DIC		
	DOSE S - CC - DO -		10 10 1			
	MIDL STUTT OF I NO	nd sink-	hand sink tor ha	ndurashing of		
	Drug.			O .		
	Need 2 Stapper	5 for 3	Vat Sink	de	,	
				· OL		200
	Need retrigerator	r themon	reter	DK		
		0				
	Dersonal tood she	It will be	e on lowest :	shelf or		
	nut of date and	111000	La Cala		- 1	
	held thrown and	- CA IT UTIAL E	rea toms the	in veryigerator	DIC _	
	THE THORT WAS	9			<u>.</u>	
	refraencitor noos	& through	ally cleaned	010		
	Joseph Max	1111000	Jing Classes			
	Noed Conta the	mometer	- \0			
	THE COURS !!!	man da	OV.			
Code Reference	Cara itama ralata ta ganayal agaitatian	СӨ	REITEMS		Correct by Init	tial
recierence	Core items relate to general sanitation, of standard operating procedures (SSOPs).	These items are to be	es or structures, equipment design, gener corrected by the next regular inspection	al maintenance or sanitation or as stated.	(date)	
		reed - Wa	shed + Sanitize			
	a feet Garage	01/				
	a trost treezer	D. OK				
						_
					34	-
				4.5		
						_
		EDUCATION P	ROVIDED OR COMMENTS			
	100	EDUCATION P	ROVIDED OR COMMENTS			
		EDUCATION P	ROVIDED OR COMMENTS			
Person in Cha		EDUCATION PI	ROVIDED OR COMMENTS	Date: 2	3-202	
Person in Cha				~ ~	3-2022 Yes) No
601	arge /Title:	EDUCATION PI	e, No. EPHS No.	Date: Follow-up: Follow-up Date:	3-2022 Yes	No 337A

Missouri Department of Health and Senior Service Bureau of Environmental Health Services Food Establishment Pre-Opening Checklist

Toda Ediabilition (170 Opening Offecklist		ű
Date: 3-3-9099 F New Establishment Chance		ing Methodist church church church kitchen
	ge of Owner	a Me Trues
Establishment/Vendor Information Vintage Approximation Establishment/Vendor Name: Vintage Approximation City Color State (VIO)	US.	AIW) CAN
Establishment/Vendor Name: VINTUGE/ADVD		churinen -
0.17. 201 A Color of the Color	2ip:(<u>a5560</u>	HIGH.
Days of Operation: Fax: E-mail: Hours of Operation:		hin i
rious of operation:		100.
Number of employees (both full-time and part-time): Total amount of square footage	for the building:	
SERVICE TYPE	g.	
Please check one or more boxes to indicate the type of service you will offer:		
Buffet Table Counter Drive-thru Delivery Catering C	arry out Samples	
The pre-opening inspection checklist is used by this agency as a tool to assist in determining		
Establishment's eligibility to operate. The food establishment still must comply with all the re	g a Food	
Missouri Food Code. In the event there is a conflict or a discrepancy between the Food Cod	quirements of the e and the pre-opening	n
inspection checklist, the Food Establishment must comply with the Food Code.	- and the pro operant	*
Item	Yes No N/	4
1. Water Source/Capacity		
A. Community		
B. Non-Community & Private (sample results satisfactory)		7
C. Adequate supply (hot & cold under pressure)	X F F	
D. Approved backflow/back siphonage devices in place		
2. Sewage Disposal A. Public		
B. Private		
C. Grease trap/interceptor		
D. Adequate restroom available		,
3. Premises		
A. Graded to drain and maintained		
B. Outdoor cooking properly protected		_
4. Floors		-
A. Grease resistant, easily cleanable and in good repair		
B. Coved floor-wall juncture		-
5. Walls/Ceilings	 	
A. Constructed of smooth and easily cleanable, nonabsorbent materials	RIFE	
B. No beams or no piping is exposed in food preparation and storage areas	X F F	
6. Hand sinks		
A. Hand sinks provided in the following areas:		
- Food preparation area(s) - Dishwashing area(s)		
- Busing, wait station, service area(s)	X I I	
- Bar area(s)	<u> </u>	
B. Hot water (>100°F), drying device, waste basket and signage		_
7. Three Compartment Sink		_
A. Three compartment sink, with drain stoppers		-
B. Hot and cold running water supplied to all compartments		
C. Adequate drain boards provided or drying racks		-
D. Indirectly plumbed		
8. Dishwasher	<u></u>	7
A. Dishwashing machine provides a final hot water sanitizing rinse to code		T Not usina
B. Dishwashing machine sanitizes with a chemical sanitizer to code, alarm present		Not using this now -
9. Food Preparation Sink Provided, indirect plumbing	X F F	
10. Service Sink (Mop Sink) provides hot and cold running water		

Missouri Department of Health and Senior Service
Bureau of Environmental Health Services
Food Establishment Pre-Opening Checklist

Food Establishment Pre-Opening Checklist	Yes	No	N/A
Item	100		
11. Test Strips for Chemical Sanitizer	77	=	
A. Test strips provided	X	lodine	<u> </u>
Type of sanitizer: (Chlorine) Quat	- No.	TOGINE	
B Buckets/spray bottles for wiping cloths provided		lodine	<u> </u>
Type of sanitizer: Chlorine Quat	*****	louine	
12. Refrigeration/Freezer Units	1 740-	lime.	F28*
A. Capable of cold holding to 41°F		1 ===	
B. Sufficient capacity			<u> </u>
13. Hot Holding Units	1 1	Ford.	T
A. Capable of hot holding to 135°F			
B. Sufficient capacity	N.		
14. Temperature Measuring Devices		, 	
A. Located in hot and cold holding units	<u> </u>		
B. Available for food monitoring (0° - 220°F)			
15. Storage Areas			
A. Shelves easily cleanable and properly constructed			
B. Shelving provided to store items 6 inches above floor	X		
16. Have major renovations occurred? What type (plumbing, electrical, new	F	区	
16. Have major renovations occurred t what type (plantship)	-		-
equipment, etc)?		1	
17. Equipment	文		1
A. Good condition			2772
B. Properly spaced for easy cleaning			
18. Food Contact & Non-Food Contact Surfaces	17		T
A. Good condition, smooth and easily cleanable	 	T IX	
B. Washed and sanitized	<u> </u>		
19. Toxic Materials		T ==	
A. Storage location away from food and food related items	 		
B. Proper labeling	1/8	_!	<u> </u>
20. Ventilation	Y=2	1000	Time-
A. Hood system adequate		┵	
B. Hood system clean	×		<u> </u>
21. Pest Control	¥::::::>	1 100-	Find .
A. Establishment free from rodents and insects	Z	71111	723
B. Outer openings properly protected	K	 	
C. Professional pest control provided	区	!!	
22 Lighting		: 1 522	F123
A. Adequate lighting provided over food prep, utensil washing, storage and	K	<u> </u>	
restroom cross			
B. Light fixtures properly shielded in food prep and storage areas	T _N		
00 Th C			
A. Outside trash receptacle, provided with tight fitting lid, maintained in good repair	r 🔯		
B. Inside trash receptacle(s), capacity, maintained in good repair	V		
B. Illsiue itasii receptacie(s), capacity, maintains it. 3			
24. Demonstration of Knowledge	2	· X	
A. Person-In-Charge has a certificate in Food Handling A. Person-In-Charge has a certificate in Food Handling A. Person-In-Charge has a certificate in Food Handling A. Person-In-Charge has a certificate in Food Handling		1	
B. Person-In-Charge is able to demonstrate knowledge of foodborne diseases,		. _	_ _
HACCP, food safety, proper food handling, etc			
25. Consumer Advisory	i i i	· F	- V
A. Disclosure			
B. Reminder			
26. Special Process		·	
A. HACCP plan in place		-	
D. D. Washing in place	L		

B. Recordkeeping in place

*Complete Inspection report to document pre-opening Inspection. This checklist is meant only to serve as a reminder for the Inspector; if does not replace the Inspection report or knowledge of the rule.

Busters Busters Every3 Months