

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

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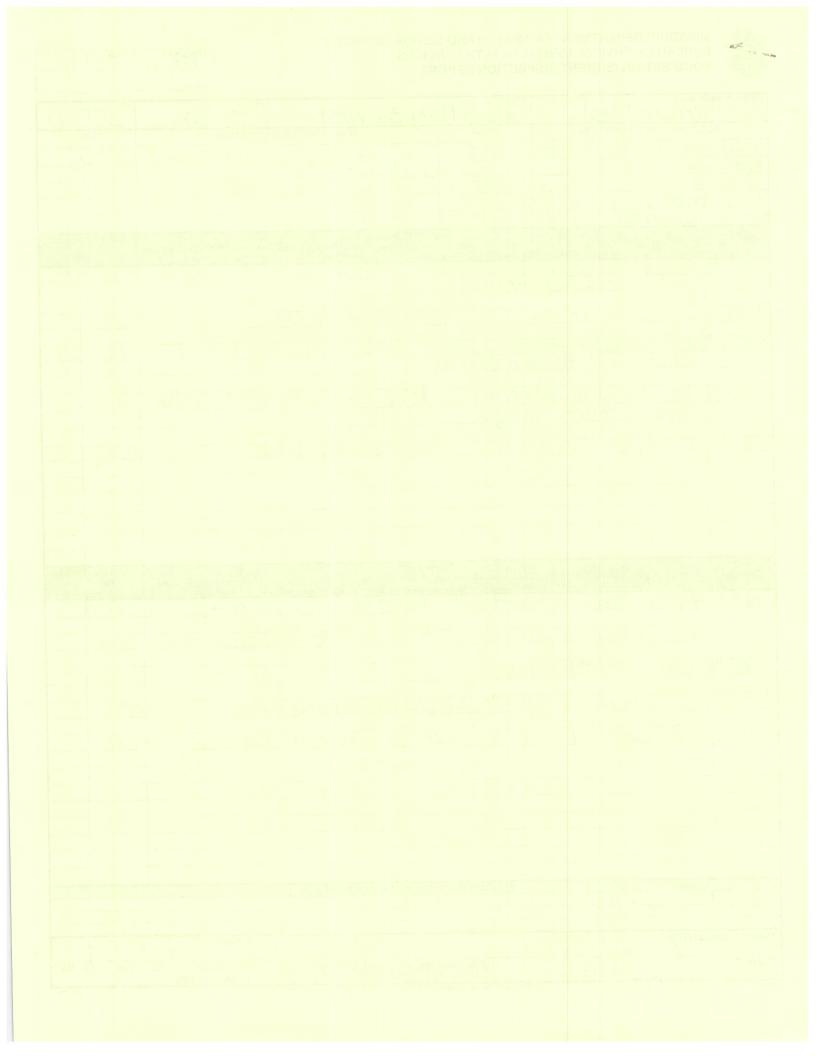
BASED ON AN INS	SPECTION THIS DAY THE ITEMS NOT						LFAC	3E • 01 V 1		
NEXT ROUTINE IN	SPECTION THIS DAY, THE ITEMS NOTE USPECTION, OR SUCH SHORTER PER	ED BELOW IDENTI	FY NONC	OMPLI	ANCE	N OPERATION	S OR FACILITIES WI	HICH MUST BE CORP	ECTEDI	DV TUE
WITH ANY TIME L	NSPECTION, OR SUCH SHORTER PERI IMITS FOR CORRECTIONS SPECIFIED ENT NAME:	OD OF TIME AS M	AY BE SP	ECIFIE	DINW	RITING BY TH	E REGULATORY AU	THORITY, FAILURE T	O COME	DY INE
ESTABLISHME	ENT NAME:		MAY RESU	JLT IN (CESSA	TION OF YOU	R FOOD OPERATION	IS.	O COIVIF	-LY
Castlery No.		OWINEIN.	_mayore_	00			PERSO	N IN CHARGE:		
Limmer	manifeats	JOD JOST	74/1	Har	111	autonic	ht TIE			1-1-
ADDRESS:	11/8/16 2211	1 1	1 11	1100	uj (sur iur i	1111	any artu	DIVI	ni
0	1100 MW 30 W	est				-	COUNT	Y: Root	0	
CITY/ZIP:	1 = 1.	DHONE:	salts in a re-	1 = 4	1/	-		Den		
SOIP	m $(ah 560)$	PHONE:	200	FA	X:77	0-226	22 DU DD	IODITY II	/	
ESTABLISHMENT T	YPE	191-00	2010		10	4 dat) P.H. PR	RIORITY: H	, M 🔲	L
BAKERY	☐ C. STORE ☐ CATERER	****		Parties of the Partie	,					
RESTAURA		DEL	_1		GRO	CERY STORE	☐ INSTITUTIO	N MOBILE	VENDO	00
PURPOSE	NT SCHOOL SENIOR C	ENTER U SUM	MER F.P.		TAVE	RN	☐ TEMP.FOOD	MODILE	VENDO	NO.
☐ Pre-opening	Routine Follow-up	По	-	The same of						
		☐ Complaint ☐	Other							
FROZEN DESS		SEWAGE DISPOS	IA2	14/4	TED	LIDDLY				
☐ Approved ☐ Dis		PUBLIC O	SAL			UPPLY				
License No.					COM	MUNITY	□ NON-COMMU	NITY DE PRIVA	ATF	
		PRIVATE					Date Sampled		lts	
				1				1,000		
		RISK FACT	TORS AN	ID INT	ERVE	NTIONS		6.650m/0000esses/eness		
Risk factors are for	ood preparation practices and employee h	ehaviors most com	monly rop	orted to	the Ce	-4 (D:				
foodborne illness o	ood preparation practices and employee butbreaks. Public health interventions a	re control measures	to proven	t feed to	the Ce	nters for Disea	se Control and Preven	ntion as contributing fac	tors in	
Compliance	Demonstration of Know		to provon	CIOCUD	OTTIC IIII	less of frijury.				
IN OUT	Person in charge present at	neage	cos		Complian		Potentially Ha	azardous Foods	CC	S R
	Person in charge present, demonst	rates knowledge,		IN	OUT	N/O N/A F	Proper cooking, time ar	nd temperature		- 1
	and performs duties					- American Company		porature		
IN OUT	Employee Health			IN	OUT	N/O N/A F	roper reheating proce	edures for hot holding		
	Management awareness; policy pre	esent		IN	OUT		Proper cooling time and	tomporeture		
IN/OUT	Proper use of reporting, restriction :	and exclusion		IN			roper cooling time and	temperatures		
and the same of th	Good Hygienic Practi	ces		-	OUT	NVA F	roper hot holding temp	peratures		
IN OUT NO	Proper eating, tasting, drinking or to	phacco use	1	TN		N/A F	roper cold holding tem	peratures		
IN OUT NO	No discharge from eyes, nose and	mouth	La Company		OUT	N/O N/A F	roper date marking an	d disposition	1	and the same of th
- Commenter of the Comm	and a second and	Hodur		IIV	001	N/O(N/A) T	ime as a public health	control (procedures /		7 19 2
-	Preventing Contamination	by Handa				re	ecords)			
IN OUT N/O	Hands clean and properly washed	by Hands					Consume	er Advisory	5000	
	lands clean and properly washed			IN	OUT	(N/A) C	onsumer advisory pro-	vided for raw or	- Company	
IN OUT (N/O	ale have have a section of the					u	ndercooked food	The second secon		
III OUT (NO)	No bare hand contact with ready-to-	eat foods or						tible Populations		
IN OUT	approved alternate method properly	followed					gin, Gudoopi	ibic i opulations		8
IN OUT	Adequate handwashing facilities su	oplied &		IN	OUT	N/O N/A P	asteurized foods used	prohibited foods and		
Name of the last o	accessible						fered	, profibiled foods not		-17-
	Approved Source		77		THE SAME	880		mical		
IN OUT	Food obtained from approved source	е		IN	OUT	(N/A) F	and additives a	IIIICal		
IN OUT NO NA	Food received at proper temperature	е			OUT	IN/A F	ood additives: approve	d and properly used		
misself from				IIV.	1001	10	oxic substances prope	rly identified, stored and	b	
IN OUT	Food in good condition, safe and un	adulterated				us	sed			
IN OUT N/O N/A	Required records available: shellsto	ok togo para-it-		-		1	Conformance with A	pproved Procedures		/
	cestruction	ck tags, parasite		IN	OUT	(N/A) C	ompliance with approv	ed Specialized Process		
- mailte	Protection from Contami					ar	nd HACCP plan			
IN OUT N/A	Food concreted and the latest the second containing	lauon		The	lottor	to the left of				
San	Food separated and protected			ince	e letter i	to the left of ea	ch item indicates that i	tem's status at the time	of the	
IN OUT N/A	Food-contact surfaces cleaned & sa	nitized		- 1115	pection.					
IN OUT (NIC)		Property Control of the Control of t	-		1/4 = 1	compliance	OUT = no	ot in compliance		
IN OUT (N/O)	Froper disposition of returned, previous	ously served,			NA = NC	ot applicable		t observed		
	reconditioned, and unsafe food			00)5 = C	orrected On Sit	e R = Repe	at Item		
		600	D RETAIL	DPAC	TICEO					
	Good Retail Practices are preventation	measures	O INCIMIL	TIVAC	IICES	AT THE COLUMN TO SERVICE STATE OF				
IN OUT	Good Retail Practices are preventative	measures to contr	or the intro	duction	of path	nogens, chemic	cals, and physical obje	cts into foods.		
A STATE OF THE PARTY OF THE PAR	Safe Food and Water steurized eggs used where required	CO	OS R	IN	OUT		Proper Use of Ute	ensils	cos	R
Pas M	eter and ice from			1		In-use utens	ils: properly stored		300	- '
Wa	ater and ice from approved source					Utensils, equ	ipment and linens: pro	merly stored dried		
					1	handled	, ss imons. pro	porty stored, dried,	1	
1	Food Temperature Control			1			ingle-service articles: p	properly stored		
Ade	equate equipment for temperature control			1		Gloves used	properly	properly stored, used		
App	provec thawing methods used				-	1	tensils, Equipment and	d Vandin-		
The	ermometers provided and accurate				0	Food and no	nfood-contact surfaces	u vending		
*				1		designed co	nstructed, and used	s cleanable, properly		
	Food Identification					Warowashi	facilities in all used	-1-1-1		
					1	string used	g facilities: installed, m	aintained, used; test		
Foo	od properly labeled; original container				1 -0	strips used	tt t			
	Prevention of Food Contamination	n				Normood-con	tact surfaces clean			
Inse	ects, rodents, and animals not present			110			Physical Facilitie	9S	L	
Con	ntamination prevented during food prepara	ation storage		-		Hot and cold	water available; adequ	uate pressure		
and	display	ation, storage		11	4	Plumbing ins	talled; proper backflow	/ devices		
Pers	sonal cleanliness: clean outer clothing, ha	ir rootroint	4	-						-
finge	ernails and jewelry	ir restraint,		1	-	Sewage and	wastewater properly d	isposed		
	oing cloths: properly used and stored		-					20.000		
Fruit	its and vegetables washed before use	L		1		Toilet facilitie	s: properly constructed	d, supplied, cleaned		
Trui	to diffe vegetables wastied before use			1		Garbage/refu	se properly disposed:	facilities maintained		
Poroon in Cham	THE 1			1		Physical facil	ties installed, maintain	ed, and clean		-
Person in Charge	Title: 4 10+11 100/8+	Proceedary.	The state of the s				Date:	10110		-
	MUNICIPAL						Date.	1-24-19		
nspector:	- 011-	Telephon	e No			EDUC N	VE-III.	19111		
anma	ADDOD FUHS VI	Гегериоп	21/1/	NO	75	EPHS No.	Follow-up:	Yes Yes	□ No	
O 580-1814 (11-14)	1134	TRIBUTION	UILLA	NO	20	1108	Follow-up Date:	5-10-	-14	
	DIS	TRIBUTION: WHITE - OW	MER'S COPY		(CANARY - FILE CO	OV .	The state of the s	THE OWNER WHEN	F6.37



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

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PAGE A	of C	A		1

ESTABLISHMENT NAME	ADDRESS 2 14	104137 Water	CITY 60 LOO	ZIP EEL O
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/	LOCATION	(00060) TEMP.
shell eggs walk in cooler	260	turkey	coolercase	400
DOLOGIAOL U n 11	330	Cheddartheese	и и	470
Muerotercheese alass frontfind	97			
Slice of tomatoes preptable	7 410			
Code Reference Priority items contribute directly to the elim	ination proventing	PRITY ITEMS eduction to an acceptable level, hazards as	secciated with foodborns illness	Correct by Initial
or injury. These items MUST RECEIVE IN	MINIEDIATE ACTION W	ithin 72 hours or as stated. Shina dishes - dishe		(date)
and rinsed not a	sanifized.	orning mories morie	s are unanea	4-24-19-7
1-204.11 Obs: Sanitizer ton	Strona F	in Lining challes		(00)
3 50/ 10 01-11 (2014	orror as 1	or wiping cloths		us (
0-301.10 Upp. Lottage there	Se with	a date of useb	y: 1-18-19	cos)
Volumento in 1700	un awai).		
3-501.11 Ops: No Date lak	peling of	RTETurchmeat	5 - Voluntarily	COS
Thru 4 meats a	way i		/	/
2-401.11 Obs: Open can of	Soda Si	Hina on over tab	P.	POS 17
		7 7 7 700	Phase:	
Code	601	RE ITEMS		
Reference Core items relate to general sanitation, ope standard operating procedures (SSOPs). T	rational controls feether		I maintenance or sanitation	Correct by Initial (date)
	and sink-	- hand sink hand		CDS 191
5-30511 Obs: Optato Chios	+ bag of	anica and	-1-	
Land Harris Control Control	Lug or 1	Hour on Hoor of	Storage room.	005
t-36.14 Ubs: no test st.	rips.			5-10-19
+90311 Obs: Serving tong	is ole sta	vod un la mana la	N. I	
205 11 0/201	P 0.0. 210	ira up wrong u	uy.	105 7
-305.11 000, eggs Stored	d on Ho	or of walkin	cooler	cas JC
	e e e e e e e e e e e e e e e e e e e		(6.74. kg	
	EDUCATION DE	20V/DED OD 00V/15:155		
Need to see pan lice	050	OVIDED OR COMMENTS		
Posses is Observed to the Control of	1100.			
Person in Charge /Title:		Total de	Date: 4-2	4-19
ephs II	Telephone	No. X235 EPHS No. 8		Yes □ No
O 580-1814 (11-14)	RIBUTION: WHITE - OWNER	S COPY CANARY – FILE COPY	Follow-up Date:	50.270





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BASED ON AN IN	ICDEO	TION THE BANK THE			Samuel Vie				LIAC	SE FOI F		
NEXT ROUTINE I WITH ANY TIME I ESTABLISHMI	LIMITS	TION THIS DAY, THE ITEMS NO CTION, OR SUCH SHORTER P FOR CORRECTIONS SPECIFICAME:	ED IN THIS NO	TICE MAY	NONCO BE SPE RESUL	MPLIA CIFIED T IN C	NCE IN O IN WE ESSAT	OPERATI RITING BY TON OF YO	ONS OR FACILITIES WE THE REGULATORY AUT DUR FOOD OPERATION	HICH MUST BE CORRE THORITY. FAILURE TO S.	CTED E	BY THE
Zimmern		OWNER:										
ADDRESS:	216	68 HW 32 West COUNTY! Dect										
CITY/ZIP5	ler	n 65560 PHONE: 6328 FAX: 729-2283 P.H. PRIORITY: □ H ☑ M □ L							Ī.			
BAKERY RESTAURA		□ C. STORE □ CATERER □ DELL □ GROCERY STORE □ INSTITUTION										
PURPOSE Pre-opening		SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP.FOOD										
FROZEN DESSERT SEWAGE DISPOSAL WATER SURPLY												
☐Approved ☐D License No.	□ Approved □ Disapproved □ Not Applicable □ □ PLIBLIC □ □ COMMUNITY											
			RISK	FACTOR	RS AND	INTE	ERVEN	NTIONS				
Risk factors are	food p	reparation practices and employeds. Public health intervention	ee behaviors mo	st commor	ly repor	ted to	the Cer	nters for Dis	sease Control and Preven	ntion as contributing fact	ors in	
Compliance	Outbre	eaks. Public health intervention Demonstration of K	o are control in	asules to	orevent to	looubo	orne illno	ess or injur	у.			
IN OUT		Person in charge present, demo	onstrates knowle			The same		N/O N/A	Proper cooking, time ar	azardous Foods nd temperature	CO	S R
IN OUT		Employee He	alth			IN	OUT	N/O N/A	Proper reheating proce	edures for hot holding		
IN OUT		Management awareness; policy Proper use of reporting, restricti	on and exclusion	n				N/O N/A N/O N/A	Proper cooling time and	d temperatures		
		Good Hygienic Pr	actices				OUT	N/A	Proper hot holding tem Proper cold holding tem	peratures		
IN OUT N/O		Proper eating, tasting, drinking No discharge from eyes, nose a	or tobacco use					N/O N/A	Proper date marking an	nd disposition		
						IN	OUT	N/O N/A	Time as a public health records)	control (procedures /		
IN OUT N/O		Preventing Contaminate Hands clean and properly wash				IN	OUT	N/A	Consumer advisory pro	er Advisory vided for raw or		
IN OUT N/O		No bare hand contact with read	y-to-eat foods or				-		undercooked food	tible Populations		
IN OUT		approved alternate method prop Adequate handwashing facilities	supplied &			IN OUT N/O N/A		N/O N/A	Pasteurized foods used			
		accessible Approved Sou				17			offered	mical		
IN OUT	/ ^	Food obtained from approved so	ource			IN	OUT	N/A	Food additives: approve	ed and properly used		
IN OUT N/O N/A Food received at proper temperature IN OUT Food in good condition, safe and unadultorated				IN	OUT	- Sangara	Toxic substances prope used	rly identified, stored and				
IN OUT Food in good condition, safe and unadulterated IN OUT N/O N/A Required records available: shellstock tags, parasi		esito		INI	OUT	NI/A	Conformance with A	Approved Procedures				
		destruction Protection from Cont		asite		IIN	001	N/A	Compliance with approvand HACCP plan	ved Specialized Process		
IN OUT N/A	A	Food separated and protected	animation	2000.000		The	letter t	o the left of	each item indicates that	item's status at the time	of the	
IN OUT N/A	A	Food-contact surfaces cleaned &	& sanitized			insp	ection.	compliance		ot in compliance		
N OUT N/O Proper disposition of returned, previously served, reconditioned, and unsafe food N/A = not applicable N/O = not observed COS = Corrected On Site R = Repeat Item												
		reconditioned, and unsale lood		GOOD R	PETAIL F					- Comment of the comm		
	C	ood Retail Practices are prevent	ative measures	to control th	he introd	duction	of path	nogens, che	emicals and physical obje	acts into foods		7X 54 0 0
IN OUT		Safe Food and Water		cos	R	IN	OUT		Proper Use of Ute		cos	R
		ized eggs used where required nd ice from approved source						In-use ut	ensils: properly stored			
						V		Utensils, handled	equipment and linens: pr	operly stored, dried,		
Α.	\deauc	Food Temperature Control te equipment for temperature control	ol					Single-us	e/single-service articles:	properly stored, used		
A	Approve	ed thawing methods used	ntroi					Gloves u	sed properly	70 V		
		meters provided and accurate						Food and	Utensils, Equipment an Inonfood-contact surface	es cleanable, properly		
	Section	Food Identification						designed	, constructed, and used hing facilities: installed, n			
F	ood pr	operly labeled; original container				1		strips use	ed	laintained, used; test		
	oou pr	Prevention of Food Contami	nation			1		Nonfood-	contact surfaces clean Physical Faciliti	ioc		
In	nsects,	rodents, and animals not presen	t					Hot and o	cold water available; adeq	uate pressure		
ar	ind disp		A 15	e					installed; proper backflow			
fir	ngerna	cleanliness: clean outer clothing	g, hair restraint,					Sewage a	and wastewater properly	disposed		
W	Viping o	doths: properly used and stored						Toilet fac	lities: properly constructe	d, supplied, cleaned		
Fr	ruits ar	nd vegetables washed before use						Garbage/	refuse properly disposed;	facilities maintained		
Person in Charge /Title: Date: Date:												
Inspector:	Inspector: Telephone No. EPHS, Ne. Follow-up: Yes No											
MO 580-1814 (11-14)	N K	OFFILL	DISTRIBUTION: W	7-310 HITE - OWNER	COPY	23	5	CANARY - FILE	Follow-up Date		· · ·	