

TIME IN TIME OUT
DATE PAGE 1 of

ESTABLISHM	ENT N	IAME:	OWNER:						PERSON IN CHAI	RGE:		
ADDRESS:					EST	ABLIS	HMENT	NUMBER:	COUNTY:			
CITY/ZIP:			PHONE:		FAX	(:			P.H. PRIORITY :	Н	М	L
STABLISHMENT BAKERY RESTAUR		C. STORE CATERI SCHOOL SENIOR		I MER F.P		GROCE FAVERN	RY STOR		I NSTITUTION EMP.FOOD	MOBILE V	ENDOR	s
PURPOSE Pre-openin	ıg	Routine Follow-up	Complaint	Other								
ROZEN DES Approved	Disa	pproved Not Applicable	SEWAGE DISPOSA PUBLIC		ATER S COMI	SUPPLY MUNITY			MMUNITY npled	PRIVATE Results		
License	No		PRIVAT RISK FACT				IONS		•	-		
Risk factors are	e food p	reparation practices and employed						ease Contro	I and Prevention as con	tributing facto	ors in	_
oodborne illness		eaks. Public health intervention	s are control measures		nt foodbo		s or injury	<i>I</i> .			CO	_
Compliance		Demonstration of K Person in charge present, demo	v	COS					Potentially Hazardous For bking, time and temperation			
N OUT		and performs duties	0,	_			I/O N/A	•	5 , 1		_	
N OUT		Employee He Management awareness; policy					1/0 N/A		neating procedures for h pling time and temperatu		+	
V OUT		Proper use of reporting, restrict	on and exclusion				1/0 N/A		holding temperatures	163	_	
N OUT N/O		Good Hygienic P				OUT	N/A		d holding temperatures			
		Proper eating, tasting, drinking No discharge from eyes, nose a				OUT I			e marking and disposition public health control (pro		_	
N OUT N/O					IN	OUT N	N/O N/A	records)				
		Preventing Contaminat Hands clean and properly wash						Consumer	Consumer Advisory advisory provided for ra		_	
N OUT N/O					IN	OUT	N/A	undercook	ed food			
OUT N/O		No bare hand contact with read						Hi	ighly Susceptible Popula	ations		
N OUT		approved alternate method pro Adequate handwashing facilitie						Pasteurize	d foods used, prohibited	d foods not		
		accessible	••		IN	001 1	I/O N/A	offered				
N OUT		Approved Sol Food obtained from approved s			IN	OUT	N/A	Food addit	Chemical ives: approved and prop	oorly used		
N OUT N/O	N/A	Food received at proper temper				OUT	11/7 (tances properly identifie		1	
N OUT		Food in good condition, safe an	dupodultorated			001		used	mance with Approved F	Procedures	_	
		Required records available: she				OUT			e with approved Specia			
N OUT N/O	N/A	destruction			IN	OUT	N/A	and HACC				
		Protection from Con Food separated and protected	tamination		Th	lattarta	the left of	f a a a h ita m iu	adiaataa that itam'a atat	us at the time	of the	
N OUT	N/A	· ·	0			e letter to pection.	the left of	r each item ir	ndicates that item's state	us at the time	or the	
N OUT	N/A	Food-contact surfaces cleaned					in complia		OUT = not in complian	nce		
N OUT N/O		Proper disposition of returned, reconditioned, and unsafe food					= not appl =Correcte	d On Site	N/O = not observed R=Repeat Item			
				OD RETA	AIL PRAC	TICES						
		Good Retail Practices are prever					ogens, ch			ods.		_
IN OUT	Pasto	Safe Food and Wate urized eggs used where required	r	COS	R IN	OUT		Pro tensils: prop	per Use of Utensils		COS	╇
		and ice from approved source							and linens: properly stor	red, dried,	-	╈
		E	11				handled		· · · ·			_
	Adeau	Food Temperature Con ate equipment for temperature co						se/single-sei	rvice articles: properly s v	tored, used		╉
	Approv	ved thawing methods used						Utensils,	Equipment and Vending			T
	Therm	ometers provided and accurate							ontact surfaces cleanab ed, and used	le, properly		
		Food Identification					Warewa	shing facilitie	es: installed, maintained	l, used; test	-	T
	Food	properly labeled; original containe	r				strips us	ed I-contact sur	faces clean			+
		Prevention of Food Contan	ination					P	hysical Facilities			T
		s, rodents, and animals not prese				-			vailable; adequate pres			_
	and di	mination prevented during food p	reparation, storage				Plumbin	g installed, p	proper backflow devices			
	Persor	nal cleanliness: clean outer clothi	ng, hair restraint,				Sewage	and wastew	ater properly disposed			T
		ails and jewelry cloths: properly used and stored	1				Toilet fa	cilities: prope	erly constructed, supplie	ed, cleaned		+
		and vegetables washed before u					Garbage	e/refuse prop	erly disposed; facilities	maintained		t
							Physical		talled, maintained, and	clean		1
erson in Cha	irge / F		\sim	_				Da	ie:			
anastari	2	11//	$\overline{)}$		Telepho	ne No.	EPH	S No. Fol	low-up:	Yes	1	٧o
nspector: 🗕											-	



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	ADDRESS					
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PROD	UCT/ LOCAT	ION	TEMP. i	in ° f
Code	PRIORITY	ITEMS			Correct by	l
erence Priority items contribute directly to or injury. These items MUST REC	the elimination, prevention or reductio EIVE IMMEDIATE ACTION within 72	n to an acceptable level, haz 2 hours or as stated.	ards associate	d with foodborne illness	(date)	
Code erence Core items relate to general sanita	CORE ITI tion, operational controls, facilities or s	E MS structures, equipment design	general main	tenance or sanitation	Correct by (date)	Ini
standard operating procedures (SS	OPs). These items are to be correct	cted by the next regular ins	pection or as	stated.	. ,	
	EDUCATION PROV	IDED OR COMMENTS				
son in Charge /Title:	\sim			Date:		
ector:	4	Telephone No.	EPHS No.	Follow-up:	Yes	
0-1814 (9-13)	DISTRIBUTION: WHITE - OWNER'S CO	PY CANARY – FILE	COPY	Follow-up Date:		E



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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP			
FO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUC	T/ LOCATIC	N	TEMP. ir	۱°F
Code			TEMS			Correct by	Initial
Reference	Priority items contribute directly to the or injury. These items MUST RECE!	e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	to an acceptable level, hazard hours or as stated.	ds associated v	vith foodborne illness	(date)	mua
Code Reference	Core items relate to general sanitation standard operating procedures (SSO	CORE ITE n, operational controls, facilities or st	MS tructures, equipment design, g	eneral mainten	ance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSO	PS). These items are to be correct	ted by the next regular inspe	ction or as sta	ated.		
		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	arge /Title:				Date:		
Inspector:			Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP	Y CANARY – FILE CO	PY			E6.37A



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ESTABLISHMEN	NAME	ADDRESS		CITY/ZI	2		
FOO	DD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODU	CT/ LOCAT	ION	TEMP. ir	۱°F
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Code		CORE ITE!	MS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSOF	n, operational controls, facilities or str	uctures, equipment design, g	general maint ection or as	enance or sanitation stated.	(date)	mua
		EDUCATION PROVID	DED OR COMMENTS				
Person in Ch	arge /Title:				Date:		
Inspector:			Telephone No.	EPHS No.	Follow-up:	Yes	No
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ESTABLISHMEN	Γ NAME	ADDRESS		CITY /ZIF)		
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Code Reference	Core items relate to general sanitation	CORE ITE	ructures, equipment design, a	eneral mainte	enance or sanitation	Correct by (date)	Initial
	standard operating procedures (SSOI	os). These items are to be correct	ed by the next regular inspe	ection or as	stated.		
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Person in Ch	arge /Title:				Date:		
Inspector:			Telephone No.	EPHS No.	Follow-up:	Yes	No
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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP			
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Person in Ch	arge /Title:				Date:		
Inspector:			Telephone No.	EPHS No.	Follow-up: Follow-up Date:	Yes	No
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ESTABLISHMEN	NAME	ADDRESS		CITY/ZIP			
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ESTABLISHMEN	⊺ NAME	ADDRESS		CITY /ZIP			
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ESTABLISHMEN	NAME	ADDRESS		CITY /ZIF)		
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	standard operating procedures (SSOF	Ps). These items are to be corrected	ed by the next regular inspec	ction or as s	tated.		
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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIP			
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	OOD ESTABLISHMENT IN	NSPECTION REPORT			PAGE ¹³ of		
ESTABLISHMEN	ΓΝΑΜΕ	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION			TEMP. ir	۱°F
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MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COP			Follow-up Date:		E6.37A



FOOD ESTABLISHMENT INSPECTION REPORT				PAGE ¹⁴ of			
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	standard operating procedures (SSO	Ps). These items are to be correct	ted by the next regular inspe	ection or as	stated.	~ /	
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FOOD ESTABLISHMENT INSPECTION REPORT				PAGE ¹⁵ of			
ESTABLISHMENT NAME ADDRESS			CITY /ZIF)			
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Inspector:			Telephone No.	EPHS No.	Follow-up:	Yes	No
MO 580-1814 (9-13)		DISTRIBUTION: WHITE - OWNER'S COPY			Follow-up Date:		E6.37A



	OOD ESTABLISHMENT IN	SPECTION REPORT			PAGE 16 of		
ESTABLISHMEN	ΓΝΑΜΕ	ADDRESS		CITY /ZIP			
FOOD PRODUCT/LOCATION		TEMP. in ° F	TEMP. in ° F FOOD PRODUCT/ LOCATION			TEMP. ir	۱°F
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Person in Ch	arge /Title:				Date:		
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FOOD ESTABLISHMENT INSPECTION REPORT				PAGE ¹⁸ of			
ESTABLISHMENT NAME ADDRESS			CITY/ZIP				
FOOD PRODUCT/LOCATION		TEMP. in ° F FOOD PRODUCT/ LOCATION		N	TEMP. in ° F		
Code		PRIÕRITY IT	EMS	_		Correct by	Initial
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FOOD ESTABLISHMENT INSPECTION REPORT			PAGE ¹⁹ of				
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FOOD ESTABLISHMENT INSPECTION REPORT			PAGE ²⁰ of				
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