

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

TIME IN	10	:01	TIME OUT 10:28
PAGE	1	of	2

BASED ON AN IN	ISPEC	TION THIS DA	V THE ITEMS NO.										
NEXT ROUTINE	INSPE	CTION, OR SI	JCH SHORTER PER	RIOD OF TIME AS	MAY BE	NCOM	PLIAN	CEIN	OPERATIO	NS OF	R FACILITIES WHICH MUST BE CORRECT GULATORY AUTHORITY. FAILURE TO	TED BY	THE
WITH ANY TIME	LIMITS	FOR CORRE	CTIONS SPECIFIE	D IN THIS NOTICE	MAY R	ESULT	IN CE	SSATIO	ON OF YOU	IR FO	OD OPERATIONS	OMPLY	Υ
				OVVINER:					011 01 100	311101	PERSON IN CHARGE:		
Tasty Deli	ignts	5		RCD Hill	Hill Trucking LLC					Ron Hill			
ADDRESS: 17	7610	Mayne	Pouto D								COUNTY: Bollinger		
CITY/ZIP:	7010	vvayne	Noute D	DUONE							Bollinger		
CITY/ZIP: Wa	appa	apello 63	966	PHONE: 573-208-	6116	FAX:						M I	1
ESTABLISHMENT	TYPE	1000		373-200-	0440						Tall Trackart .	v,	L
BAKERY	William State of the State of t	C. STOR	RE CATERER	R 🗆 DI	ELI			GROCE	RY STORE		☐ INSTITUTION ■ MOBILE VE	NDORS	2
PURPOSE PURPOSE	ANT	☐ SCHOO	L SENIOR	CENTER SU	ELI IMMER	F.P.		AVERN			TEMP.FOOD	NDON'S	3
Pre-opening	a	Routine	☐ Follow-up	☐ Complaint	□ Oth								
No. of the Control of the Control	-	THE CHARLEST AND A	The state of the s		_ Ou								
FROZEN DESSERT  □ Approved □ Disapproved □ PRIVATE  PUBLIC □ PRIVATE				_			UPPL'						
License No.   Disapproved   Disapproved   PUBLIC   PRIVATE   COMMUNITY   NON-COMMUNITY   PRIVATE   Results   Results   PUBLIC   PRIVATE   PRIVATE													
License No										Date	Sampled Results _	_	_
SECTION AND DESCRIPTION OF THE PERSON OF THE	PAG			RISK FAC	CTORS	AND	INTER	RVEN	TIONS			71.20	W. 600
Risk factors are	food p	reparation pra	ctices and employee	behaviors most co	mmonly	reporte	ed to th	e Cent	ers for Dise	ase Co	ontrol and Prevention as contributing factor	s in	Toler of the
foodborne illness	outbre	aks. Public he	ealth interventions	are control measur	es to pre	event fo	odbon	ne illne	ss or injury.	430 00	ontrol and rievention as contributing factor		
Compliance			Demonstration of Kno	owledge	COS			mpliance			Potentially Hazardous Foods	COS	R
■ OU	JT		arge present, demon	strates knowledge,			IN (	DUT I	N/O NEA	Prope	r cooking, time and temperature		
		and performs	Employee Heal	th			IN (	9500		Drong	r reheating procedures for hot holding		
■ OU	IT	Management	awareness; policy p				-			_	r cooling time and temperatures		
OU OU			f reporting, restriction				and in column 2 is not a second		N/O NA		r hot holding temperatures		
			Good Hygienic Pra	ctices				OUT	N/A	Prope	r cold holding temperatures		
IN OUT	N		, tasting, drinking or				IN (	1 TUC	N/O N	Prope	r date marking and disposition		
IN OUT	NED	No discharge	from eyes, nose an	d mouth			IN C	1 TUC	N/A	Time a	as a public health control (procedures /		
	-	Prev	enting Contaminatio	n by Hands		+	100000	2000//	- 0	record	Consumer Advisory		
■ OUT	N/O		and properly washed				IN	OUT	N N		umer advisory provided for raw or		
- 001	14/0							001	A CONTRACTOR	under	cooked food		
OUT	N/O		contact with ready- ernate method prope								Highly Susceptible Populations		
- 011	IT.		ndwashing facilities		_	-				Paster	urized foods used, prohibited foods not		
OU	11	accessible	3				IN C	ו וטכ	N/O NA	offere	d		
2 0			Approved Source								Chemical		
OU.	T		d from approved sou					OUT	r N/A		additives: approved and properly used	-	
IN OUT N/O	A=1	Food receive	d at proper temperat	ture				ı	OUT	OUT Toxic substances properly identified, stored and used			
OU'	T	Food in good	condition, safe and	unadulterated					100	Conformance with Approved Procedures			
IN OUT N/O	NEA		ords available; shells	stock tags, parasite			IN	OUT	Compliance with approved Specialized Process				
114 001 1470	,	destruction				-				and H	ACCP plan		
	30.00		rotection from Conta	mination		_	The letter to the left of each item indicates that item's status at the time of				f the		
OUT	N/A		ted and protected					The letter to the left of each item indicates that item's status at the time of the inspection.					
■ OUT	N/A	Food-contact	surfaces cleaned &	sanitized			Valente	IN = in	compliance		OUT = not in compliance		
IN OUT	NED		sition of returned, pre	eviously served,			N	/A = no	t applicable		N/O = not observed		
114 001		reconditioned	d, and unsafe food									State Plants	ACCUPATION .
	Season !	0			OOD RE				ogone she	micala	, and physical objects into foods.		-
IN OUT			afe Food and Water	ative measures to c	COS	R	IN	OUT	logens, che	micais	Proper Use of Utensils	cos	R
	Paster		ed where required		500	.,	×	301	In-use ute	ensils:	properly stored		
			pproved source				×		Utensils,	equipn	ment and linens: properly stored, dried,		
^							Janear .		handled	n felor	le annies articles; property stored used		
V	Adag	Name and Address of the Owner, where the Owner, which is	Temperature Contr				×		Gloves us		le-service articles: properly stored, used		
		ved thawing m	t for temperature con ethods used	illol			^		GIOVES U		nsils, Equipment and Vending		
			ded and accurate				×			nonfo	ood-contact surfaces cleanable, properly		
^	WAR STORY										tructed, and used		-
		VALUE OF THE PARTY	Food Identification				×		Warewas strips use		acilities: installed, maintained, used; test		
×	Food	properly labele	d; original container				×				ot surfaces clean		
		Preventi	on of Food Contamir	nation						Physical Facilities			
×			animals not presen				×				ater available; adequate pressure		
×	Conta and di		ented during food pre	paration, storage			×		Plumbing	install	led; proper backflow devices		
V			clean outer clothing	g, hair restraint,			×		Sewage	and wa	astewater properly disposed		
×	finger	nails and jewel	ry				^		T-0-14	2014	and a section of the		
X Wiping cloths: properly used and stored			->		×				properly constructed, supplied, cleaned properly disposed; facilities maintained				
X					1	7/	×				es installed, maintained, and clean		
Person in Cha	rge /T	itle:	1:11	1	11/						Date: 6 June 23		
		Kon F	1111	4							6 Julie 23		
Inspector:		1	1	Tele	phone I	No.			EPHS No	).	Follow-up: Yes	☑ N	10
Tu	n	8.6	en	DISTRIBUTION: WHIT	-2817	0:0.005	,		1753	E CODY	Follow-up Date:		E6.37
110 500 1014 (0.12)				DISTRIBUTION WHIT	E - CIVVNE	K S CODY			LANARY - FIL	EL LICIETY			State Carlo



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ESTABLISHMEN	NT NAME	ADDRESS	A MANAGEMENT AND A STATE OF THE	CITY/ZIP			
Tasty De		17619 Wayne R	loute D	Wappapello 63966	1		
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/				
	Ice	Frozen					
Code		PRIORIT	YITEMS		Correct by	Initial	
Reference	Priority items contribute directly to the	he elimination, prevention or reduc	tion to an acceptable level, hazards a 72 hours or as stated.	associated with foodborne illness	(date)		
	No violations noted.	TVE IMMEDIATE ACTION WILLIII	72 Hours of as stated.				
						1	
Code Reference	Core items relate to general sanitation standard operating procedures (SSC	CORE ion, operational controls, facilities coops). These items are to be corr	ITEMS or structures, equipment design, generected by the next regular inspection	eral maintenance or sanitation on or as stated.	Correct by (date)	Initial	
		CORE ion, operational controls, facilities coops). These items are to be core	ITEMS or structures, equipment design, gene ected by the next regular inspection	eral maintenance or sanitation on or as stated.		Initial	
	Core items relate to general sanitation standard operating procedures (SSC No violations noted.	CORE ion, operational controls, facilities of OPs). These items are to be corrected to the	ITEMS or structures, equipment design, gene rected by the next regular inspection	eral maintenance or sanitation on or as stated.		Initial	
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