Columbia/Boone County Department of Public Health and Human Services Food Establishment Inspection Report										
ESTABLISHMENT NAME CI						PUBLIC HEALTH PRIO Medium		DATE OF INSPECTION 09/25/2020		
ADDRESS								TIMEIN TIMEOUT		TIMEOUT
122 S NINTH ST									09:35 PM	09:50 PM
CITY/ZIP					PHONE			WATER SUPPLY		
Columbia 65201								• 1	PUBLIC	PRIVATE
PERSON IN CHARGE (PIC)				FAX	FAX			SEWAGE DISPOSAL		
Kayleigh, Manager									PUBLIC	ONSITE
ESTABLIS	HMEN	ΤΤΥ	(PE		PURPOSE			GREASE TRAP		
				D RC	DUTINE			Date last cleaned:		
						PRE-OPENING			□ \$110 R einspection fee applies	
□ GROCERY □ WAREHOUSE □ PROCESSOR □ MEAT CUTTING		BAKERY DELI		EINSPECTION			_			
				OTHER		RESPONSE		_	PIC initials	
IR =INFRARED THERMOMETER NRI =NEXT				TREGU	REGULAR INSPECTION RI=READ			CH IN WI=WALK-IN		
FOOD ITEM	°F	IR	LOCATION		FOOI	D ITEM °F		IR	R LOCATION	

	CRITICAL ITEMS	
CODE REFERENCE	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	CORRECT BY
·.		<u>.</u>
N N		N
	NON-CRITICAL ITEMS	
CODE REFERENCE	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next renular inspection or as stated.	CORRECT BY
	EDUCATION PROVIDED AND/OR COMMENTS	
Observed 3 gro	oups of more than 10 people. Education provided. Must submit updated operational plan to	
businessquida	nce@como.gov	
<b>y</b>		

		CRITICAI	_ ITEMS	0	NO	N-CRITICAL ITEMS	0
RECEIVED BY	Kayleigh, Ma	inager			DATE	09/25/2020	
EHS	Kala Tomka	FOLLOW-UP		■ NO	DATE C	OF FOLLOW-UP	
WHEN REMODELING	A FOOD SERVICE ESTABLISHME	NT, PLANS MUST BE SUBMITTE	D TO THE HE	ALTH DEPAR	TMENT FOR	R APPROVAL BEFORE REMOD	ELING BEGINS
The following is applica	ble 🗆 Your operating p	ermit is hereby suspende	d. Upon rece	eipt of writte	n statemer	nt that all violations have be	en corrected,

The following is applicable only if box is checked: Your operating permit is hereby suspended. Upon receipt of written statement that all violations have been corrected, a reinspection will be conducted to determine your eligibility for permit reinstatement. You may appeal the suspension by filing a written request for a hearing to the Director of Health within 10 days of the suspension (8-305.12)

 $\hfill\square$  Your operating permit is hereby reinstated.