



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

TIME IN 1245	TIME OUT 115
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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 CESSION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Tiger Cleaning/Service	OWNER: Phillip Reed	PERSON IN CHARGE: Rachel Wetz
ADDRESS: 519 N GRAND		COUNTY: Teks
CITY/ZIP: Houston 65487	PHONE: 810/732/1507	FAX:
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input checked="" type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other		
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled _____ Results _____

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination				The letter to the left of each item indicates that item's status at the time of the inspection.		
IN OUT N/A	Food separated and protected				IN = in compliance	OUT = not in compliance	
IN OUT N/A	Food-contact surfaces cleaned & sanitized				N/A = not applicable	N/O = not observed	
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food				COS = Corrected On Site	R = Repeat Item	

GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.							
IN	OUT	Safe Food and Water	COS	R	IN	OUT	Proper Use of Utensils
		Pasteurized eggs used where required			✓		In-use utensils: properly stored
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled
		Food Temperature Control			✓		Single-use/single-service articles: properly stored, used
✓		Adequate equipment for temperature control			✓		Gloves used properly
✓		Approved thawing methods used					Utensils, Equipment and Vending
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used
		Food Identification			✓		Warewashing facilities: installed, maintained, used; test strips used
✓		Food properly labeled; original container					Nonfood-contact surfaces clean
		Prevention of Food Contamination					Physical Facilities
✓		Insects, rodents, and animals not present			✓		Hot and cold water available; adequate pressure
✓		Contamination prevented during food preparation, storage and display			✓		Plumbing installed; proper backflow devices
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Sewage and wastewater properly disposed
✓		Wiping cloths: properly used and stored			✓		Toilet facilities: properly constructed, supplied, cleaned
✓		Fruits and vegetables washed before use			✓		Garbage/refuse properly disposed; facilities maintained
							Physical facilities installed, maintained, and clean

Person in Charge /Title: X	Date: 8/13/25		
Inspector: X	Telephone No. 911/961/4131	EPHS No. 1773	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date:	



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EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <u>Person in Charge</u>		Date: <u>8/13/25</u>	
Inspector: <u>KLH</u>	Telephone No. <u>411172114131</u>	EPHS No. <u>1113</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date:



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ESTABLISHMENT NAME: <i>Tiger Corrections/Serv</i>	OWNER: <i>Philip Reid</i>	PERSON IN CHARGE: <i>Rachel Watson</i>
ADDRESS: <i>515 N Grand Ave 101, Houston</i>		COUNTY: <i>Texas</i>
CITY/ZIP: <i>Houston, MO 65483</i>	PHONE: <i>870/932/1907</i>	FAX:
		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

ESTABLISHMENT TYPE	<input type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION
	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> TEMP. FOOD	<input type="checkbox"/> TAVERN	<input type="checkbox"/> MOBILE VENDORS

PURPOSE	<input type="checkbox"/> Pre-opening	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint	<input type="checkbox"/> Other
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FROZEN DESSERT	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Not Applicable	SEWAGE DISPOSAL	<input type="checkbox"/> PUBLIC	<input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY	<input type="checkbox"/> COMMUNITY	<input type="checkbox"/> NON-COMMUNITY	<input type="checkbox"/> PRIVATE
License No. _____							Date Sampled _____			Results _____

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✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
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✓		Fruits and vegetables washed before use			✓		Garbage/refuse properly disposed; facilities maintained		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Review Review</i>	Date: <i>11/7/23</i>		
Inspector: <i>LLPZ</i>	Telephone No. <i>417/967/1911</i>	EPHS No. <i>1713</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date:



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ESTABLISHMENT NAME <i>Liser Corrections Serv.</i>		ADDRESS <i>515 N Grand</i>		CITY <i>Houston</i>		ZIP <i>65483</i>	
FOOD PRODUCT/LOCATION <i>Hamburger Within</i>		TEMP. <i>38</i>	FOOD PRODUCT/ LOCATION <i>Ranch</i>		TEMP. <i>39</i>		
FOOD PRODUCT/LOCATION <i>BBQ Sauce</i>		TEMP. <i>40</i>					
Code Reference	PRIORITY ITEMS Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.					Correct by (date)	Initial
<i>NO violations</i>							
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.					Correct by (date)	Initial
<i>NO violations</i>							

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Debbie Kewinet Date: 11/7/23
Inspector: K. K. K. Telephone No. 471-8714/31 EPHS No. 1773 Follow-up: Yes No
Follow-up Date: