



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

TIME IN 1230 TIME OUT 1400
PAGE 1 of 2

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 CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: **CASEYS GENERAL STORE 1899** OWNER: **CASEYS, INC** PERSON IN CHARGE: **Christy Watson**
ADDRESS: **1313 N DOUGLASS** COUNTY: **069**
CITY/ZIP: **MALDEN, MO 63863** PHONE: **276-9962** FAX: P.H. PRIORITY: H M L
ESTABLISHMENT TYPE: BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD
PURPOSE: Pre-opening Routine Follow-up Complaint Other
FROZEN DESSERT: Approved Disapproved SEWAGE DISPOSAL: PUBLIC PRIVATE WATER SUPPLY: COMMUNITY NON-COMMUNITY PRIVATE
Date Sampled: _____ Results: _____
License No. **069-10240**

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

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	COS	R
X		Pasteurized eggs used where required			X		In-use utensils: properly stored		
X		Water and ice from approved source			X		Utensils, equipment and linens: properly stored, dried, handled		
X		Adequate equipment for temperature control			X		Single-use/single-service articles: properly stored, used		
X		Approved thawing methods used			X		Gloves used properly		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food properly labeled; original container			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Insects, rodents, and animals not present			X		Nonfood-contact surfaces clean		
X		Contamination prevented during food preparation, storage and display			X		Hot and cold water available; adequate pressure		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Plumbing installed; proper backflow devices		
X		Wiping cloths: properly used and stored			X		Sewage and wastewater properly disposed		
X		Fruits and vegetables washed before use			X		Toilet facilities: properly constructed, supplied, cleaned		
					X		Garbage/refuse properly disposed; facilities maintained		
					X		Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Christy Watson** Date: **09/23/2020**
Inspector: *Christy Watson* Telephone No. **573-888-9008** EPHS No. **1647**
Follow-up: Yes No
Follow-up Date: _____



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PAGE 2 of 2	

ESTABLISHMENT NAME CASEYS GENERAL STORE 1899		ADDRESS 1313 N DOUGLASS		CITY/ZIP MALDEN, MO 63863	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F		
ICE CREAM/ MAKER	33				
WALK IN COOLER	36				
WALK IN FREEZER	-8				

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
7-201.11	Drain declogger above drinks in walk in cooler, Floor finish cleaner above drinks in storage area and fly repellent above 3 vat sink, shall be stored away from food and drink	COS	nu

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
COS	Corrected onsite		

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Christy Watson		Date: 09/23/2020
Inspector: 	Telephone No. 573-888-9008	EPHS No. 1647
		Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date: