



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

TIME IN 900 TIME OUT 1030
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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 CESSATION OF YOUR FOOD OPERATIONS.

ESTABLISHMENT NAME: Dollar General Store 13272		OWNER: Dollar General Stores Inc	PERSON IN CHARGE: Demetria Barnes
ADDRESS: 3373 S. Main St		COUNTY: Dunklin	
CITY/ZIP: Cardwell, MO 63829	PHONE: 573-654-2400	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" 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"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP. FOOD			
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" 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		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY		<input type="checkbox"/> PRIVATE Date Sampled _____ Results _____	
License No. _____			

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
<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, tasting, 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 N/O <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 N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O <input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT N/O <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
IN OUT N/A	Food received at proper temperature			IN OUT N/O <input checked="" type="checkbox"/>	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			IN OUT N/O <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
IN OUT N/O	Required records available: shellstock tags, parasite destruction			IN OUT N/O <input checked="" type="checkbox"/>	Critical		
<input checked="" type="checkbox"/> OUT N/A	Food separated and protected			IN OUT N/O <input checked="" type="checkbox"/>	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized			IN OUT N/O <input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT N/O <input checked="" type="checkbox"/>	Compliance with approved procedures		

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

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

Person in Charge / Title: Demetria Barnes	Date: 1/04/2021
Inspector: <i>[Signature]</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. 573-888-9008	Follow-up Date: _____
EPHS No. 1647	



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ESTABLISHMENT NAME		ADDRESS		CITY / ZIP	
Dollar General Store 13272		3373 S. Main St		Cardwell, MO 63829	
FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/LOCATION	TEMP. in ° F		
Produce Cooler	37	Rear Right Dairy Cooler	34		
Diary Cooler	37	Rear Left Dairy Cooler	36		
Deli Cooler	34	Rear Frozen	-5		
Frozen	-2,-7,-6				

[illegible][illegible]

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Demetria Barnes <i>Demetria Barnes</i>		Date: 1/04/2021
Inspector: <i>Christopher D. Kelly</i>	Telephone No. 573-888-9008	EPHS No. 1647
MO 560-1B (4-10-13)	DISTRIBUTION: WHITE - OWNER'S COPY	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: