



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

TIME IN 1130	TIME OUT 1300
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: <b>Mr Ts Package Store</b>	OWNER: <b>Brian Poyner</b>	PERSON IN CHARGE: <b>Curtis White</b>
ADDRESS: <b>510 US Hwy 412</b>	CITY/ZIP: <b>Cardwell, MO 63829</b>	COUNTY: <b>Dunklin</b>
PHONE: <b>573-654-2313</b>	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

ESTABLISHMENT TYPE  
 BAKERY  RESTAURANT  SCHOOL  CATERER  SENIOR CENTER  DELI  SUMMER F.P.  GROCERY STORE  TAVERN  INSTITUTION  TEMP. FOOD  MOBILE VENDORS

PURPOSE  
 Pre-opening  Routine  Follow-up  Complaint  Other

FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE
License No. <b>NA</b>	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	Compliance	COS	R	Compliance	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature	
<input checked="" type="checkbox"/> OUT	Management awareness policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding	
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures	
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures	
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cold holding temperatures	
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition	
<input checked="" type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> OUT N/O N/A	Time as a public health control (procedures / records)	
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT	Consumer advisory	
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT N/A	Consumer advisory provided for raw or undercooked food	
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT	Highly Susceptible Populations	
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> OUT	Pasteurized foods used, prohibited foods not offered	
IN OUT N/O <input checked="" type="checkbox"/>	Required records available, shellstock tags, parasite destruction			<input checked="" type="checkbox"/> OUT	Food additives: approved and properly used	
IN OUT <input checked="" type="checkbox"/> N/A	Food separated and protected			<input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used	
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan	
IN OUT <input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food			<p>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</p>		

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

IN	OUT	Compliance	COS	R	Compliance	COS	R
X		Pasteurized eggs used where required			X		
X		Water and ice from approved source			X		
X		Adequate equipment for temperature control			X		
X		Approved thawing methods used			X		
X		Thermometers provided and accurate			X		
X		Food properly labeled; original container			X		
X		Insects, rodents, and animals not present			X		
X		Contamination prevented during food preparation, storage and display			X		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		
X		Wiping cloths: properly used and stored			X		
X		Fruits and vegetables washed before use			X		

Person in Charge / Title: <b>Curtis White</b>	Date: <b>10/28/2021</b>
Inspector: <i>[Signature]</i>	Telephone No. <b>573-888-9008</b>
	EPHS No. <b>1647</b>
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____

