



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

TIME IN 1330 TIME OUT 1500  
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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: **M Town Market** OWNER: **Amen Yahya** PERSON IN CHARGE: **Amen Yahya**  
ADDRESS: **509 Laclede** COUNTY: **069**  
CITY/ZIP: **Malden, MO 63863** PHONE: **662-610-6726** FAX: P.H. PRIORITY:  H  M  L

ESTABLISHMENT TYPE  
 BAKERY  RESTAURANT  C. STORE  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  Approved  Disapproved SEWAGE DISPOSAL  PUBLIC  PRIVATE WATER SUPPLY  COMMUNITY  NON-COMMUNITY  PRIVATE  
Date Sampled \_\_\_\_\_ Results \_\_\_\_\_  
License No. **NA**

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

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

Person in Charge /Title: **Amen Yahya** Date: **10/11/2023**  
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
Follow-up Date: **12/11/2023**



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ESTABLISHMENT NAME <b>M Town Market</b>		ADDRESS <b>509 Laclede</b>		CITY / ZIP <b>Malden, MO 63863</b>		
FOOD PRODUCT/LOCATION <b>Refrigerator</b>		TEMP. in ° F <b>36</b>	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
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. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>			Correct by (date)	Initial
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). <b>These items are to be corrected by the next regular inspection or as stated.</b>			Correct by (date)	Initial
4-302.14	No test kit for checking sanitizer			CIP		
4-204.112	No thermometer for refrigerator			CIP		
6-501.11	Coving peeling off of west wall in kitchen			CIP		
6-501.11	Top of wall not sealed around kitchen			CIP		
CIP	CORRECTION IN PROGRESS					
COS	CORRECTED ONSITE					
NRI	NEXT ROUTINE INSPECTION					

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: **Amen Yahya**

Date: **10/11/2023**

Inspector:

Telephone No.  
**573-888-9008**

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**1647**

Follow-up:  Yes  No  
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