



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

TIME IN 830	TIME OUT 930
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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: <b>C-MART</b>		OWNER: <b>TERRY BURLISON</b>	PERSON IN CHARGE: <b>Amanda Cruz</b>
ADDRESS: <b>108 E GRAND</b>		PHONE: <b>573-246-3177</b>	COUNTY: <b>069</b>
CITY/ZIP: <b>CAMPBELL, MO</b>	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> RESTAURANT <input type="checkbox"/> C. STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> CATERER <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> DELI <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> TAVERN <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> MOBILE VENDORS			
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 Results _____
License No. <b>NA</b>			

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			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	Management awareness; policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	Proper use of reporting, restriction and exclusion			IN OUT N/O <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			IN OUT N/O <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN OUT N/O <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			IN 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			<input checked="" type="checkbox"/>	Chemical		
<input checked="" type="checkbox"/>	Food obtained from approved source			<input checked="" type="checkbox"/>	Food additives: approved and properly used		
IN OUT N/O <input checked="" type="checkbox"/>	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		
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		
	Protection from Contamination						
<input checked="" type="checkbox"/>	Food separated and protected						
<input checked="" type="checkbox"/>	Food-contact surfaces cleaned & sanitized						
IN 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
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		
		Food Temperature Control			X		Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control			X		Gloves used properly		
X		Approved thawing methods used					Utensils, Equipment and Vending		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled; original container			X		Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
X		Insects, rodents, and animals not present			X		Hot and cold water available; adequate pressure		
X		Contamination prevented during food preparation, storage and display			X		Plumbing installed; proper backflow devices		
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Sewage and wastewater properly disposed		
X		Wiping cloths: properly used and stored			X	X	Toilet facilities: properly constructed, supplied, cleaned		
X		Fruits and vegetables washed before use			X	X	Garbage/refuse properly disposed; facilities maintained		
					X	X	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <b>Amanda Cruz</b>	Date: <b>04/04/2023</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: _____



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ESTABLISHMENT NAME <b>C-MART</b>		ADDRESS <b>108 E GRAND</b>		CITY / ZIP <b>CAMPBELL, MO</b>		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
WALK IN COOLER		39				
5 Door Cooler		34				
Dr Pepper Cooler		37				
Code Reference	<b>PRIORITY ITEMS</b>				Correct by (date)	Initial
	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>					
Code Reference	<b>CORE ITEMS</b>				Correct by (date)	Initial
	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>					
6-501.11	Repeat: Missing multiple ceiling tiles in rear stock room				NRI	<i>AC</i>
6-202.14	Self Closure on restroom door broke, repair or replace				NRI	<i>AC</i>
COS	CORRECTED ON SITE					
CIP	Correction in progress					

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <b>Amanda Cruz</b>		<i>Amanda Cruz</i>	Date: <b>04/04/2023 2024</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="checked" type="checkbox"/> No
Follow-up Date:			