

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

| TIME IN 915 |   | 5  | TIME OUT 1100 |  |
|-------------|---|----|---------------|--|
| 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: DOLLAR TREE PERSON IN CHARGE: KAYLA STEWARD OWNER: DOLLAR TREE, INC. ADDRESS: 1730 FIRST STREET COUNTY: 069 CITY/ZIP: KENNETT, MO 63857 FAX: P.H. PRIORITY: H M L ESTABLISHMENT TYPE BAKERY RESTAU CATERER
SENIOR CENTER DELI
SUMMER F.P C. STORE **GROCERY STORE** ☐ INSTITUTION MOBILE VENDORS RESTAURANT SCHOOL TAVERN ☐ TEMP.FOOD POSE ☐ Routine □ Pre-opening ☐ Follow-up ☐ Complaint ☐ Other FROZEN DESSERT SEWAGE DISPOSAL WATER SUPPLY ☐ Approved ☐ Disapproved ☐ PRIVATE PUBLIC □ PRIVATE □ NON-COMMUNITY COMMUNITY 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 Person in charge present, demonstrates knowledge. Proper cooking, time and temperature OUT IN OUT N/O N and performs duties Employee Health IN OUT N/O N Proper reheating procedures for hot holding OUT Management awareness; policy present IN OUT N/O N Proper cooling time and temperatures Proper hot holding temperatures OUT Proper use of reporting, restriction and exclusion IN OUT N/O N OUT Good Hygienic Practices N/A Proper cold holding temperatures OUT N/O Proper eating, tasting, drinking or tobacco use IN OUT N/O N Proper date marking and disposition No discharge from eyes, nose and mouth Time as a public health control (procedures / N/O OUT IN OUT N/O N records) Preventing Contamination by Hands Consumer Advisory Hands clean and properly washed N Consumer advisory provided for raw or IN OUT IN OUT undercooked food No bare hand contact with ready-to-eat foods or Highly Susceptible Populations IN N OUT approved alternate method properly followed Adequate handwashing facilities supplied & Pasteurized foods used, prohibited foods not OUT OUT N/O N/A accessible offered Approved Source Chemical Food obtained from approved source OUT OUT IN Food additives: approved and properly used Food received at proper temperature N Toxic substances properly identified, stored and IN OUT N/A OUT used Food in good condition, safe and unadulterated IN Conformance with Approved Procedures Required records available: shellstock tags, parasite Compliance with approved Specialized Process IN OUT N/O OUT destruction and HACCP plan Protection from Contamination Food separated and protected The letter to the left of each item indicates that item's status at the time of the IN C N/A inspection. Food-contact surfaces cleaned & sanitized IN N/A IN = in compliance OUT = not in compliance Proper disposition of returned, previously served, N/A = not applicable N/O = not observed IN OUT 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 cos R Proper Use of Utensils × Pasteurized eggs used where required × In-use utensils: properly stored Water and ice from approved source Utensils, equipment and linens: properly stored, dried, × × handled Food Temperature Control × Single-use/single-service articles: properly stored, used Adequate equipment for temperature control Gloves used properly × X Approved thawing methods used Utensils, Equipment and Vending Thermometers provided and accurate Food and nonfood-contact surfaces cleanable, properly X designed, constructed, and used Food Identification Warewashing facilities: installed, maintained, used; test × strips used × Food properly labeled; original container × Nonfood-contact surfaces clean Prevention of Food Contamination Physical Facilities × × Insects, rodents, and animals not present Hot and cold water available; adequate pressure Contamination prevented during food preparation, storage Plumbing installed; proper backflow devices × × and display Personal cleanliness: clean outer clothing, hair restraint. Sewage and wastewater properly disposed × X fingernails and jewelry Wiping cloths: properly used and stored × Toilet facilities: properly constructed, supplied, cleaned Fruits and vegetables washed before use × Garbage/refuse properly disposed; facilities maintained Physical facilities installed, maintained, and clean Person in Charge /Title: KAYLA STEWARD Date: 02/05/2019 Inspector: Telephone No. 573-888-9008 EPHS No. Follow-up: No 1647 Follow-up Date: 02/08/2019

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| ESTABLISHMENT NAME<br>DOLLAR TREE |   | ADDRESS 1730 FIRST STREET CITY /ZIP KENNETT, MO 63 |   |   | 57                |         |
|-----------------------------------|---|--|---|---|-------------------|---------|
| FOOD PRODUCT/LOCATION             |   | TEMP. in ° F                                       | FOOD PRODUCT/ LOCATION  |   | TEMP. in ° F      |         |
| DAIRY COOLER                      |   | 31   |   |   |                   |         |
|                                   | FREEZER   | -5   |   |   |                   |         |
|                                   | ICE CREAM FREEZER   | -5   |   |   |                   |         |
|                                   | WALK IN FREEZER   | -8   |   |   |                   |         |
|                                   | WALK IN COOLER  | 38   |   |   |                   |         |
| Code<br>Reference                 | Priority items contribute directly to the or injury. These items MUST RECEI                   |  | on to an acceptable level, hazards associated with for  |   | Correct by (date) | Initial |
| 5-203.14                          | MOP SINK DOES NOT HAVE A  | 2  | /08/2019  | 145                                     |                   |         |
| 5-205.12                          | MOP SINK HOSE CONNECT TO  | O FAUCET AND LAYING IN I                           | BASIN, CREATING THE POTENTIAL FOR A C   | ROSS CONN 2                             | /08/2019 🌡        | 15      |
|                                   | -REPAIR OR REPLACE  |  |   |   |                   |         |
| 4-601.11A                         | REPEAT: OBSERVED WATER FOUNTAINS WITH MULTIPLE ITEMS CLUTTER ON TOP AND SINK BASIN SOILED WIT |  |   |   |                   | 15      |
| 0.404.44                          | RESIDUE AND DEBRI, CLEAN  |  |   | /08/2019                                | 4                 |         |
| 3-101.11                          | 1 5 DENTED CANS FOUND THROUGHOUT CAN GOODS  |  |   |   |                   | 15      |
|                                   |   |  |   |   |                   |         |
|                                   |   |  |   |   |                   |         |
|                                   |   |  |   |   |                   |         |
| Code<br>Reference                 |   |  | EMS structures, equipment design, general maintenance o cted by the next regular inspection or as stated. |   | Correct by (date) | Initial |
| 3-305.11                          |   |  | LL BE AT LEAST 6 INCES OFF THE FLO  | OOR 0                                   | 2/08/2019         | 15      |
| 4-601.11C                         |   |  |   |   |                   | KS      |
| 6-501.114                         | UNORGANIZED BOXES IN STOCK ROOM, PREVENTING ADEQUATE CLEANING AND PROVIDING PEST HARBOR       |  |   |   |                   | K5      |
| 4-204.112                         | REPEAT FROM 2015 INSPEC   | -NEED TO 0   | 2/08/2019   | 15                                      |                   |         |
|                                   | OBSERVABLE WORKING T  | HERMOMETERS IN ALL                                 | COOLERS AND FREEZERS.   |   |                   |         |
|                                   |   |  |   |   |                   |         |
|                                   |   |  |   |   |                   |         |
|                                   |   | EDUCATION PROV                                     | IDED OR COMMENTS  |   |                   |         |
|                                   |   | EDUCATION PROV                                     | ISES ON SOMMENTO  |   |                   |         |
| Person in Ch                      | arge /Title: KAYLA STEWA  | ARD Relephone N<br>573-888-90                      | D. EPHS No. Follow-   | 02/05/2019<br>-up: ☑<br>-up Date: 02/08 | Yes [             | ] No    |