



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

TIME IN 830	TIME OUT 1000
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: **CASEYS GENERAL STORE 2187** OWNER: **CASEYS GENERAL STORE, INC** PERSON IN CHARGE: **Amanda Harless**

ADDRESS: **1108 SOUTH BYPASS** COUNTY: **069**

CITY/ZIP: **CAMPBELL, MO** PHONE: **573-246-9872** FAX: P.H. PRIORITY: H M L

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

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

Person in Charge / Title: **Amanda Harless** *Amanda Harless* Date: ~~05/15/2020~~ **3/30/2021** *CDP*
 Inspector: *Cheryl* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____

