



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

TIME IN	845	TIME OUT	1000
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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: DOLLAR GENERAL, STORE 3038	OWNER: DOLLAR GENERAL CORP	PERSON IN CHARGE: Ashley McMillan
ADDRESS: 1203 St Francis Street		COUNTY: 069
CITY/ZIP: KENNETT, MO 63857	PHONE: 573-888-5700	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"/> C. STORE	<input type="checkbox"/> CATERER	<input type="checkbox"/> DELI	<input checked="" type="checkbox"/> GROCERY STORE	<input type="checkbox"/> INSTITUTION	<input type="checkbox"/> MOBILE VENDORS
<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> SENIOR CENTER	<input type="checkbox"/> SUMMER F.P.	<input type="checkbox"/> TAVERN	<input type="checkbox"/> TEMP. FOOD	

PURPOSE

Pre-opening Routine Follow-up Complaint 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 Date Sampled _____	<input type="checkbox"/> PRIVATE Results _____
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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	Demonstrator of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			IN OUT N/O <input checked="" type="checkbox"/>	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Proper cold holding temperatures		
IN	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition		
IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
IN	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT N/A	Pasteurized foods used, prohibited foods not offered		
IN	Food received at proper temperature			IN OUT	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			IN OUT	Toxic substances properly identified, stored and used		
IN	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT	Food separated and protected			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			
IN	Food-contact surfaces cleaned & sanitized						
IN	Proper disposition of returned, previously served, 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	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"/>		Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Approved thawing methods used			<input checked="" type="checkbox"/>		Gloves used properly		
<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 properly labeled; original container			<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned		
					<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean		

Person in Charge /Title: Ashley McMillan	Date: 07/27/2021
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008
EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: 8/3/21



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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/LOCATION	TEMP. in ° F
Ice Cream Freezer	8	Dairy Cooler	37
2 door Freezer	5	Rear Dairy Cooler	39
2 Door Freezer	5		
Frozen 3 Door	-5		
Fresh Food Cooler	38		

Code Reference	PRIORITY ITEMS	Corrected by (name)	Date
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Priority items contribute directly to the elimination, prevention or reduction to an acceptable level of hazards associated with foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.

4-601.11A	water fountains soiled with debris, wash rinse and sanitize	8/3/21	PTS
6-501.111	Multiple knats in 3 door cooler that is not working	8/3/21	PTS

Code Reference	CORE ITEMS	Corrected by (name)	Date
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Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.

6-501.11	Missing handle on cooler, repair or replace	8/3/21	PTS
5-501.17	Repeat: No covered waste basket in both restrooms	8/3/21	PTS
6-501.11	3 Door cooler not working, repair or replace	8/3/21	PTS

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Ashley McMillan		Date: 07/27/2021	
Inspector:	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 8/3/21