



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

TIME IN 930 TIME OUT 1030
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		OWNER: DOLLAR TREE, INC.		PERSON IN CHARGE: Haley Jackson	
ADDRESS: 1730 FIRST STREET				COUNTY: 069	
CITY/ZIP: KENNETT, MO 63857		PHONE: 573-717-7642	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 <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	
License No. NA				Date Sampled _____ Results _____	

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	Category	Description	COS	R	Compliance	Category	COS	R
<input checked="" type="checkbox"/> OUT	Personnel	Person in charge present, demonstrates knowledge, and performs duties			IN	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Personnel	Management awareness; policy present			IN	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Personnel	Proper use of reporting, restriction and exclusion			IN	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Good Hygienic Practices	Proper eating, tasting, drinking or tobacco use			IN	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	Good Hygienic Practices	No discharge from eyes, nose and mouth			IN	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Prevention of Contamination by Hands	Hands clean and properly washed			IN	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	Prevention of Contamination by Hands	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Prevention of Contamination by Hands	Adequate hand-washing facilities supplied & accessible			IN	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Approved Sources	Food obtained from approved source			IN	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Approved Sources	Food received at proper temperature			IN	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Approved Sources	Food in good condition, safe and unadulterated			IN	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Approved Sources	Required records available: shellstock tags, parasite destruction			IN	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Prevention of Contamination	Food separated and protected			IN	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT	Prevention of Contamination	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT	Prevention of Contamination	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	Category	Description	COS	R	IN	OUT	Category	Description	COS	R
<input checked="" type="checkbox"/>		Safe Food and Water	Pasteurized eggs used where required			<input checked="" type="checkbox"/>		Proper Use of Utensils	In-use utensils: properly stored		
<input checked="" type="checkbox"/>		Safe Food and Water	Water and ice from approved source			<input checked="" type="checkbox"/>		Proper Use of Utensils	Utensils, equipment and linens: properly stored, dried, handled		
<input checked="" type="checkbox"/>		Food Temperature Control	Adequate equipment for temperature control			<input checked="" type="checkbox"/>		Proper Use of Utensils	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>		Food Temperature Control	Approved thawing methods used			<input checked="" type="checkbox"/>		Proper Use of Utensils	Gloves used properly		
<input checked="" type="checkbox"/>		Food Temperature Control	Thermometers provided and accurate			<input checked="" type="checkbox"/>		Storage, Construction and Ventilation	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<input checked="" type="checkbox"/>		Food Identification	Food properly labeled; original container			<input checked="" type="checkbox"/>		Storage, Construction and Ventilation	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>		Prevention of Food Contamination	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		Physical Facilities	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		Prevention of Food Contamination	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		Physical Facilities	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>		Prevention of Food Contamination	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Physical Facilities	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Prevention of Food Contamination	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Physical Facilities	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>		Prevention of Food Contamination	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Physical Facilities	Toilet facilities: properly constructed, supplied, cleaned		
<input checked="" type="checkbox"/>		Prevention of Food Contamination				<input checked="" type="checkbox"/>		Physical Facilities	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>		Prevention of Food Contamination				<input checked="" type="checkbox"/>		Physical Facilities	Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Haley Jackson** *Haley Jackson* Date: **04/21/2022**

Inspector: *Charles P. Smith* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____

