



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

TIME IN 1000	TIME OUT 1100
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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: FLASH MARKET	OWNER: FLASH OIL OF AR, INC	PERSON IN CHARGE: Nikki House
ADDRESS: 300 N MAIN	PHONE: 573-448-3737	COUNTY: 069
CITY/ZIP: CLARKTON, MO 63837	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input 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 type="checkbox"/> Routine <input checked="" 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 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	Dissemination of Knowledge	COS	R	Compliance	Presently Hazardous Foods	COS	R			
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A		Person in charge present, demonstrates knowledge, and performs duties	Proper cooking, time and temperature	
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A		Employee Health	Proper reheating procedures for hot holding	
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/A		Management awareness: policy present	Proper cooling time and temperatures	
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/O	N/A	Proper use of reporting, restriction and exclusion	Proper hot holding temperatures	
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT	N/A		Proper use of reporting, restriction and exclusion	Proper cold holding temperatures	
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT	N/O	N/A	Proper eating, tasting, drinking or tobacco use	Proper date marking and disposition	
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth	Time as a public health control (procedures / records)	
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	<input checked="" type="checkbox"/>		Hands clean and properly washed	Consumer advisory provided for raw or undercooked food	
<input checked="" type="checkbox"/>	OUT	N/O		<input checked="" type="checkbox"/>	OUT	N/O	N/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	Highly Susceptible Populations	
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/O	N/A	Adequate handwashing facilities supplied & accessible	Pasteurized foods used, prohibited foods not offered	
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/A		Food obtained from approved source	Food additives: approved and properly used	
IN	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT			Food received at proper temperature	Toxic substances properly identified, stored and used	
<input checked="" type="checkbox"/>	OUT			<input checked="" type="checkbox"/>	OUT			Food in good condition, safe and unadulterated	Compliance with Approved Procedures	
IN	OUT	N/O	<input checked="" type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>		Required records available: shellstock tags, parasite destruction	Compliance with approved Specialized Process and HACCP plan	
<input checked="" type="checkbox"/>	OUT	N/A		The letter to the left of each item indicates that item's status at the time of the inspection. IN = in compliance N/A = not applicable OUT = not in compliance N/O = not observed					Food separated and protected	
<input checked="" type="checkbox"/>	OUT	N/A							Food-contact surfaces cleaned & sanitized	
IN	OUT	<input checked="" type="checkbox"/>							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		COS	R	IN	OUT		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				
X		Adequate equipment for temperature control			X		Single-use/single-service articles: properly stored, used				
X		Approved thawing methods used			X		Gloves used properly				
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				
X		Food properly labeled; original container			X		Warewashing facilities: installed, maintained, used; test strips used				
X		Insects, rodents and animals not present			X		Nonfood-contact surfaces clean				
X		Contamination prevented during food preparation, storage and display			X		Hot and cold water available: adequate pressure				
X		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		Plumbing installed; proper backflow devices				
X		Wiping cloths: properly used and stored			X		Sewage and wastewater properly disposed				
X		Fruits and vegetables washed before use			X		Toilet facilities: properly constructed, supplied, cleaned				
					X		Garbage/refuse properly disposed; facilities maintained				
							Physical facilities installed, maintained, and clean				

Person in Charge / Title: Nikki House	Date: 05/25/2022
Inspector: <i>Charles H. [Signature]</i>	Telephone No. 573-888-9008
EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date:



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ESTABLISHMENT NAME FLASH MARKET		ADDRESS 300 N MAIN	CITY / ZIP CLARKTON, MO 63837
FOOD PRODUCT / LOCATION		TEMP. in ° F	FOOD PRODUCT / LOCATION
PREP COOLER		36	
HAM/PREP COOLER		38	
CHICKEN/PREP COOLER		35	Sandwich Display Cooler
WALK IN COOLER		37	37

PRIORITY ITEMS
 Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items **MUST RECEIVE IMMEDIATE ACTION** within 72 hours or as stated.

Code Reference	Description	Correct by (date)	Initial

CORE ITEMS
 Core items relate to general sanitation, general controls, facility structure and equipment, pest control, maintenance of equipment or standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.

Code Reference	Description	Correct by (date)	Initial
6-202.15	Rear door has visible daylight showing, repair or replace	NRI	NH
COS	Corrected onsite		
NRI	Next Routine Inspection		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: **Nikki House** Date: **05/25/2022**

Inspector: *Cheryl R. ...* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No

Follow-up Date: