



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

TIME IN 1200 TIME OUT 1300  
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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 7625** OWNER: **Dollar General Cop** PERSON IN CHARGE: **Andrea Gutierrez**  
 ADDRESS: **510 E Grand** COUNTY: **Dunklin**  
 CITY/ZIP: **Campbell, MO 63933** PHONE: **573-246-3098** FAX: P.H. PRIORITY:  H  M  L  
 ESTABLISHMENT TYPE:  BAKERY  RESTAURANT  C. STORE  SCHOOL  CATERER  SENIOR CENTER  DELI  SUMMER F.P.  GROCERY STORE  TAVERN  INSTITUTION  TEMP. FOOD  MOBILE VENDORS  
 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. \_\_\_\_\_

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	Person in charge present, demonstrates knowledge, and performs duties	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Early Susceptible Population		
<input checked="" type="checkbox"/> OUT	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food separated and protected			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
<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. IN = in compliance      OUT = not in compliance N/A = not applicable      N/O = not observed			
<input checked="" type="checkbox"/> OUT	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	Compliance	COS	R	IN	OUT	Compliance	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"/>		Physical facilities		
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>		Hot and cold water available: adequate pressure		
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed		
					<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: **Andrea Gutierrez** Date: **07/13/2022**  
 Inspector: *[Signature]* Telephone No. **573-888-9008** EMHS No. **1647** Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_



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TIME IN	1200	TIME OUT	1300
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ESTABLISHMENT NAME <b>Dollar General Store 7625</b>		ADDRESS <b>510 E Grand</b>		CITY /ZIP <b>Campbell, MO 63933</b>	
FOOD PRODUCT/LOCATION Coolers from Left to Right		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F
2 Door Fresh		35	3 Door Frozen		-8
3 Door Fresh		33	2 Door Frozen		-5
3 Door Dairy		36	2 Door Frozen		-8
3 Door (eggs)		39	2 Door Ice Cream		0
			Rear Storage Dairy Cooler		40

Code Reference	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.	Correct by (date)	Initial
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4-601.11A	Exposed ceiling insulation in rear stock room, creating potential for cross contamination	TBD	<i>AG</i>

Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment, design, general maintenance, sanitary standard of practice, procedures, SOPs. These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
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6-501.11	Repeat: Ventilation cover missing in mens restroom, must maintain in good repair	NRI	<i>AG</i>

NRI     Next Routine Inspection  
CIP     Correction in progress

EDUCATION PROVIDED OR COMMENTS:

Person in Charge /Title: **Andrea Gutierrez** *Andrea Gutierrez*     Date: **07/13/2022**  
 Inspector: *Chapman*     Telephone No. **573-888-9008**     EPHS No. **1647**     Follow-up:  Yes      No  
 Follow-up Date: