



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

TIME IN <u>1100</u>	TIME OUT <u>1225</u>
PAGE <u>1</u> of <u>2</u>	

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: <u>Swindles Food Mart</u>	OWNER: <u>Rondal Swindle</u>	PERSON IN CHARGE: <u>Rondal Swindle</u>
ADDRESS: <u>506 E. Laclede</u>		COUNTY: _____
CITY/ZIP: <u>Malden, MO 63863</u>	PHONE: <u>573-276-4555</u>	FAX: _____
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input checked="" type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS		
PURPOSE <input type="checkbox"/> Pre-opening <input 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 <input checked="" type="checkbox"/> Not Applicable License No. _____	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 _____

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

Person in Charge / Title: <u>R Swindle owner</u>	Date: <u>01-03-19</u>		
Inspector: <u>Christopher D Roach</u>	Telephone No. <u>573-886-9008</u>	EPHS No. <u>1647</u>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: <u>1-14-19</u>



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

TIME IN 11:00 AM TIME OUT 1:25
PAGE 2 of

ESTABLISHMENT NAME		ADDRESS		CITY	ZIP	
SWINDLES Food Mart		506 E. LACED		MAIDEN	63863	
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.	
HOT HOLD		160°				
DELI CASE		38°				
WALK IN COOLER		38°				
PREP TABLE - KITCHEN		39°				
REFRIGERATOR		37°				
Code Reference	PRIORITY ITEMS				Correct by (date)	Initial
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.						
3-501.17	DELI MEATS IN DELI COOLER NOT DATED - MUST DATE DELI MEAT - 7 DAYS FROM OPENING FACTORY SEAL EDUCATION GIVEN - DAY 1 (DATE FACTORY SEAL CNT) + 6 DAYS				1-14-19	RS
3-201.11	POTENTIALLY HAZARDOUS FOODS IN REFRIGERATOR NOT DATED/LABELLED				1-14-19	RS
4-601.11A	MOLD ON ICE MAKER WALLS AND BAFFLE - CLEAN WITH FRESH SANITIZER 3-4X YEAR				1-14-19	RS
CORE ITEM						
3-305.11	WALK IN FREEZER HAS ICE BUILDUP ON FLOOR AND BOXES OF FOOD CREATING CROSS CONTAMINATION RISK - CLEAN - REMOVE ICE, REPAIR DRAIN				1-14-19	RS
Code Reference	CORE ITEMS				Correct by (date)	Initial
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.						
3-305.11	FOOD IN WALK IN FREEZER STACKED ON FLOOR - ALL FOOD MUST BE AT LEAST 6" INCHES OFF FLOOR				1-14-19	RS
6-201.15	BACK DOOR NOT SEALED TO PREVENT VERMIN ENTRY - SEALS TO PREVENT DAYLIGHT AROUND DOOR					RS
4-601.11C	FAN GUARDS IN WALK IN COOLER COVERED IN DUST - CLEAN AS NEEDED TO PREVENT BUILDUP				1-14-19	RS
4-501.11	WALK IN COOLER DOOR SEALS TORN/DAMAGED - REPLACE SEALS				NRI	RS
6-202.14	SELF CLOSERS ON DOORS TO BATHROOMS BROKEN MISSING - REPAIR/REPLACE				1-14-19	
6-501.11	FANCT AT 3 VATS SINK DOES NOT SHUT OFF - REPAIR OR REPLACE - MUST BE IN GOOD REPAIR				NRI	RS
EDUCATION PROVIDED OR COMMENTS						
NOTES - HAMBURGER THAWING ON COUNTER - DISCUSSED THAWING IN REFRIGERATOR						
NRI - Next Regular Inspection						
Person in Charge / Title: <u>OWNER</u>				Date: <u>1-9-19</u>		
Inspector: <u>Christopher D. Presher</u>		Telephone No. <u>573-888-9008</u>		EPHS No. <u>1647</u>		
				Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				Follow-up Date: <u>01-14-19</u>		