



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

TIME IN 830	TIME OUT 1000
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: C-MART		OWNER: TERRY BURLISON		PERSON IN CHARGE: SHERRY FREDRICK	
ADDRESS: 108 E GRAND				COUNTY: 069	
CITY/ZIP: CAMPBELL, MO		PHONE: 573-246-3177	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 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 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		Demonstration 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	Proper cooking, time and temperature		
		Employee Health				IN	OUT	N/O	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present				IN	OUT	N/O	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion				IN	OUT	N/O	Proper hot holding temperatures		
		Good Hygienic Practices				<input checked="" type="checkbox"/>	OUT	N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	N/O	Proper eating, tasting, drinking or tobacco use			IN	OUT	N/O	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	N/O	No discharge from eyes, nose and mouth			IN	OUT	N/O	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands							Consumer Advisory		
<input checked="" type="checkbox"/>	OUT	N/O	Hands clean and properly washed			IN	OUT	N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed						Highly Susceptible Populations		
<input checked="" type="checkbox"/>	OUT		Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	N/O	Pasteurized foods used, prohibited foods not offered		
		Approved Source							Chemical		
<input checked="" type="checkbox"/>	OUT		Food obtained from approved source			<input checked="" type="checkbox"/>	OUT	N/A	Food additives: approved and properly used		
IN	OUT	N/O	Food received at proper temperature			<input checked="" type="checkbox"/>	OUT		Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT		Food in good condition, safe and unadulterated						Conformance with Approved Procedures		
IN	OUT	N/O	Required records available: shellstock tags, parasite destruction			IN	OUT	N/A	Compliance with approved Specialized Process and HACCP plan		
		Protection from Contamination									
<input checked="" type="checkbox"/>	OUT	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					
<input checked="" type="checkbox"/>	OUT	N/A	Food-contact surfaces cleaned & sanitized								
IN	OUT	N/A	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			
		Food Temperature Control				<input checked="" type="checkbox"/>		Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>		Adequate equipment for temperature control				<input checked="" type="checkbox"/>		Gloves used properly			
<input checked="" type="checkbox"/>		Approved thawing methods used						Utensils, Equipment and Vending			
<input checked="" type="checkbox"/>		Thermometers provided and accurate				<input checked="" type="checkbox"/>		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
		Food Identification				<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>		Food properly labeled; original container						Nonfood-contact surfaces clean			
		Prevention of Food Contamination						Physical Facilities			
<input checked="" type="checkbox"/>		Insects, rodents, and animals not present				<input checked="" type="checkbox"/>		Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage and display				<input checked="" type="checkbox"/>		Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				<input checked="" type="checkbox"/>		Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>		Wiping cloths: properly used and stored				<input checked="" type="checkbox"/>		Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>		Fruits and vegetables washed before use				<input checked="" type="checkbox"/>		Garbage/refuse properly disposed; facilities maintained			
						<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			

Person in Charge / Title: SHERRY FREDRICK		Date: 05/14/2020	
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:	



PAGE 2 of 2