



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

TIME IN 1400 TIME OUT 1550
 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 GENERAL #10883		OWNER: DOLLAR GENERAL, INC		PERSON IN CHARGE: Michelle Warren	
ADDRESS: 110 W HWY 162				COUNTY: 069	
CITY/ZIP: CLARKTON, MO 63837		PHONE:	FAX:	P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 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	Demonstration of Knowledge	COS	R	Compliance	Potentially Hazardous Foods	COS	R
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/O	<input checked="" type="checkbox"/>
Person in charge present, demonstrates knowledge, and performs duties				Proper cooking, time and temperature			
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/O	<input checked="" type="checkbox"/>
Employee Health Management awareness; policy present				Proper reheating procedures for hot holding			
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/O	<input checked="" type="checkbox"/>
Proper use of reporting, restriction and exclusion				Proper cooling time and temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>
Good Hygienic Practices Proper sealing, tasting, drinking or tobacco use				Proper hot holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>
No discharge from eyes, nose and mouth				Proper cold holding temperatures			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>
Preventing Contamination by Hands Hands clean and properly washed				Proper date marking and disposition			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/A	<input checked="" type="checkbox"/>
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Time as a public health control (procedures / records)			
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>
Adequate handwashing facilities supplied & accessible				Consumer advisory provided for raw or undercooked food			
<input checked="" type="checkbox"/>	OUT	N/A		IN	OUT	N/A	<input checked="" type="checkbox"/>
Approved Sources Food obtained from approved source				Highly Susceptible Populations Pasteurized foods used, prohibited foods not offered			
IN	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	<input checked="" type="checkbox"/>
Food received at proper temperature				Chemical Food additives: approved and properly used			
<input checked="" type="checkbox"/>	OUT	N/A		<input checked="" type="checkbox"/>	OUT	N/A	<input checked="" type="checkbox"/>
Food in good condition, safe and unadulterated				Toxic substances properly identified, stored and used			
IN	OUT	N/A		IN	OUT	N/A	<input checked="" type="checkbox"/>
Required records available: shellstock tags, parasite destruction				Compliance with Approved Procedures 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 OUT = not in compliance N/A = not applicable N/O = not observed			
<input checked="" type="checkbox"/>	OUT	N/A					
IN	OUT	N/A					

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
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Safe Food and Water Pasteurized eggs used where required				Proper Use of Utensils In-use utensils: properly stored			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Water and ice from approved source				Utensils, equipment and linens: properly stored, dried, handled			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Food Temperature Control Adequate equipment for temperature control				Single-use/single-service articles: properly stored, used			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Approved thawing methods used				Gloves used properly			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Thermometers provided and accurate				Utensils, Equipment and Wareing Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Food Identification Food properly labeled; original container				Warewashing facilities: installed, maintained, used; test strips used			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Prevention of Food Contamination Insects, rodents, and animals not present				Nonfood-contact surfaces clean			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Contamination prevented during food preparation, storage and display				Physical Facilities Hot and cold water available; adequate pressure			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry				Plumbing installed; proper backflow devices			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Wiping cloths: properly used and stored				Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Fruits and vegetables washed before use				Toilet facilities: properly constructed, supplied, cleaned			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
				Garbage/refuse properly disposed; facilities maintained			
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
				Physical facilities installed, maintained, and clean			

Person in Charge / Title: **Michelle Warren** *Michelle Warren* Date: **06/25/2020**

Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME DOLLAR GENERAL #10883		ADDRESS 110 W HWY 162		CITY / ZIP CLARKTON, MO 63837	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Dairy Cooler		41			
Deli Cooler		40			
Ice Cream Freezer		10			
Rear Storage (Diary Cooler)		39			
Rear Storage (Frozen Food)		-5			
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
Code Reference	CORE ITEMS Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitary standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated.			Correct by (date)	Initial
4-302.12	REPEAT: Ceiling tiles missing or sagging from water damage, repair or replace			NRI	Amie
6-501.11	REPEAT: Multiple lights out in meat and dairy coolers, repair or replace			NRI	Amie
5-501.17	No covered wastebasket in women's restroom			NRI	Amie
6-202.15	Daylight showing under rear stock door, repair or replace			NRI	Amie
NRI	Next Routine Inspection				

EDUCATION PROVIDED OR COMMENTS

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