



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

TIME IN 1245 TIME OUT 1500
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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: **SWINDLES FOOD MART** OWNER: **RONDAL SWINDLE** PERSON IN CHARGE: **Cindy Payne**
 ADDRESS: **506 E LACLEDE** COUNTY: **069**
 CITY/ZIP: **MALDEN, MO** PHONE: **573-276-4555** FAX: P.H. PRIORITY: H M L
 ESTABLISHMENT TYPE
 BAKERY C. STORE CATERER DELI GROCERY STORE INSTITUTION MOBILE VENDORS
 RESTAURANT SCHOOL SENIOR CENTER SUMMER F.P. TAVERN TEMP. FOOD
 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. 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 <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Employee Health			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	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 <input checked="" type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT N/O	Preventing Contamination: Hands			IN OUT <input checked="" type="checkbox"/>	Consumer Advisory		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed				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			<input checked="" type="checkbox"/> OUT N/O N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible				Pasteurized foods used, prohibited foods not offered		
<input checked="" type="checkbox"/> OUT	Approved Source			<input checked="" type="checkbox"/> OUT N/A	Chemical		
IN OUT <input checked="" type="checkbox"/> N/A	Food obtained from approved source			IN <input checked="" type="checkbox"/>	Food additives: approved and properly used		
IN <input checked="" type="checkbox"/>	Food received at proper temperature				Toxic substances properly identified, stored and used		
IN <input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated				Compliance with Approved Procedures		
IN OUT N/O <input checked="" type="checkbox"/>	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
IN <input checked="" type="checkbox"/> N/A	Protection from Contamination				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		
IN <input checked="" type="checkbox"/> N/A	Food separated and protected						
IN <input checked="" type="checkbox"/> 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	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		
X		Food Temperature Control			X	X	Single-use/single-service articles: properly stored, used		
X		Adequate equipment for temperature control					Gloves used properly		
X		Approved thawing methods used					Utensils: properly stored and used		
X		Thermometers provided and accurate			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
X		Food Identification			X		Warewashing facilities: installed, maintained, used; test strips used		
X		Food properly labeled: original container			X	X	Nonfood-contact surfaces clean		
X		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	X	Garbage/refuse properly disposed; facilities maintained		
					X	X	Physical facilities installed, maintained, and clean		

Person in Charge / Title: **Cindy Payne** *Cindy Payne* Date: **08/13/2020**
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: **8/18/2020**



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ESTABLISHMENT NAME SWINDLES FOOD MART		ADDRESS 506 E LACLEDE		CITY / ZIP MALDEN, MO	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Deli Case		40	Walk in Freezer		0
Chicken/Warmer		139	Stand Up Freezer		-10
Kenmore Refrigerator		37	Hot Dog/Warmer		140
Walk In Cooler		35	Milk Cooler		35
Beer Cooler		36			

Code Reference	PRIORITY ITEMS <small>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.</small>	Correct by (date)	Initial
7-202.12(2)	Hot spot pesticide in kitchen must be approved for food establishment	8/18/2020	[Signature]
6-501.111	Multiple flies throughout store and kitchen. Dead flies in multiple coolers	8/18/2020	
4-601.11A	Onion slicer soiled with food and debris, wash rinse and sanitize	8/18/2020	
3-501.17	Multiple open ready to eat items in kitchen refrigerator and deli not dated	8/18/2020	
4-601.11A	Ice dispenser have black residue on outside edges, clean	8/18/2020	
3-305.11	Food packaged chips and single service items stored under drain lines of soda fountain	8/18/2020	
3-701.11	Water for retail sales is opened and partial used, voluntarily discarded	COS	

Code Reference	CORE ITEMS <small>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SOPs). These items are to be corrected by the next regular inspection or as stated.</small>	Correct by (date)	Initial
3-305.11	boxes on floor in walk in cooler and freezer	8/18/2020	[Signature]
4-601.11C	Blood on floor in walk in cooler	8/18/2020	
6-202.15	Rear door has visible daylight showing on bottom seal, repair or replace	8/18/2020	
5-501.15	Dumpster lids missing and no lids for outdoors trashcans	8/18/2020	
3-305.11	Cases of beer sitting in standing water on the retail floor	8/18/2020	
6-501.12	Women's restroom exhaust fan soiled with dust and debris	8/18/2020	
6-202.14	Door to women's restroom propped open, must be self closing	8/18/2020	
3-305.11	Retail food item used to keep women's door open (gallon water)	8/18/2020	
6-501.111D	Condensation from HVAC unit is creating standing water against building along with multiple pieces of trash	8/18/2020	
4-601.11C	Ice cream cooler seals soiled with black residue	8/18/2020	
4-904.11	Single serve foil pans not stored properly	8/18/2020	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Cindy Payne		Date: 08/13/2020	
Inspector: [Signature]	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 8/18/2020