



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

TIME IN 900 TIME OUT 1100
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: **Casey's General Store 2255** OWNER: **Casey's General Store, Inc** PERSON IN CHARGE: **Lisa Roberts**
ADDRESS: **316 E Commercial** COUNTY: **Dunklin**
CITY/ZIP: **Senath, MO** PHONE: **573-738-3100** 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. **069-19052**

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 | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper cooking, time and temperature | | |
| <input checked="" type="checkbox"/> OUT | Management awareness; policy present | | | IN OUT N/O N/A | Proper reheating procedures for hot holding | | |
| <input checked="" type="checkbox"/> OUT | Proper use of reporting, restriction and exclusion | | | IN OUT N/O N/A | Proper cooling time and temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Proper eating, testing, drinking or tobacco use | | | <input checked="" type="checkbox"/> OUT N/O N/A | Proper hot holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | No discharge from eyes, nose and mouth | | | IN OUT N/O N/A | Proper cold holding temperatures | | |
| <input checked="" type="checkbox"/> OUT N/O | Hands clean and properly washed | | | IN OUT N/O N/A | Proper date marking and disposition | | |
| <input checked="" type="checkbox"/> OUT N/O | No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | IN OUT N/O N/A | Time as a public health control (procedures / records) | | |
| IN <input checked="" type="checkbox"/> | Adequate handwashing facilities supplied & accessible | | | <input checked="" type="checkbox"/> OUT N/O N/A | Consumer advisory provided for raw or undercooked food | | |
| <input checked="" type="checkbox"/> OUT | Food obtained from approved source | | | <input checked="" type="checkbox"/> OUT N/A | Pasteurized foods used, prohibited foods not offered | | |
| IN OUT N/O N/A | Food received at proper temperature | | | <input checked="" type="checkbox"/> OUT | Food additives: approved and properly used | | |
| <input checked="" type="checkbox"/> OUT | Food in good condition, safe and unadulterated | | | | Toxic substances properly identified, stored and used | | |
| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction | | | IN OUT N/A | Compliance with approved Specialized Process and HACCP plan | | |
| <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 N/O = not observed | | | |
| <input checked="" type="checkbox"/> OUT 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 | | Adequate equipment for temperature control | | | X | | Single-use/single-service articles: properly stored, used | | |
| X | | Approved thawing methods used | | | X | | Gloves used properly | | |
| | X | Thermometers provided and accurate | | | X | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | |
| X | | Food properly labeled; original container | | | X | | Warewashing facilities: installed, maintained, used; test strips used | | |
| X | | Insects, rodents, and animals not present | | | X | | Nonfood-contact surfaces clean | | |
| X | | Contamination prevented during food preparation, storage and display | | | X | | Hot and cold water available; adequate pressure | | |
| X | | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry | | | X | | Plumbing installed; proper backflow devices | | |
| X | | Wiping cloths: properly used and stored | | | X | | Sewage and wastewater properly disposed | | |
| X | | Fruits and vegetables washed before use | | | X | | Toilet facilities: properly constructed, supplied, cleaned | | |
| | | | | | X | | Garbage/refuse properly disposed; facilities maintained | | |
| | | | | | X | | Physical facilities installed, maintained, and clean | | |

Person in Charge / Title: **Lisa Roberts x LBR** Date: **10/19/2020**
Inspector: **[Signature]** Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
Follow-up Date: _____



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| | |
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| ESTABLISHMENT NAME Casey's General Store 2255 | | ADDRESS 316 E Commercial | | CITY/ZIP Senath ,MO | |
|---|--------------|------------------------------------|--------------|-------------------------------|--|
| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F | | |
| Deli Display Cooler | 41 | Walk in Cooler | 39 | | |
| Pizza Hot Hold | 170 | Pizza Prep Cooler | 36 | | |
| Ice Cream Maker | 23 | Sub Prep Cooler | 35 | | |
| Rear Walk in Freezer | -10 | | | | |
| Walk in Freezer | 7 | | | | |

| 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 | Open tuna and ham in sub cooler not dated, once opened shall be dated with 7 day discard date | COS | <i>LR</i> |
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| 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 (SOPs). These items are to be corrected by the next regular inspection or as stated. | | |

| | | | |
|-----------|---|-----|-----------|
| 5-205.11A | Kitchen hand sink blocked with discarded beverages | COS | <i>LR</i> |
| 6-301.12 | No paper towels and kitchen hand sink | COS | <i>LR</i> |
| 6-301.11 | No soap at sub hand sink | CIP | <i>LR</i> |
| 4-404.112 | No thermometer in deli display case | CIP | <i>LR</i> |
| 3-305.11 | Boxes on floor in rear walk in freezer, must be at least 6 inches off the floor | CIP | <i>LR</i> |
| 4-601.11C | Cabinets under coffee makers soiled, wash rinse and santiize | CIP | <i>LR</i> |

| | | | |
|-----|------------------------|--|--|
| COS | Corrected onsite | | |
| CIP | Correction in progress | | |

EDUCATION PROVIDED OR COMMENTS

| | |
|--|--|
| Person in Charge /Title: Lisa Roberts <i>Lisa Lowry</i> | Date: 10/19/2020 |
| Inspector: <i>Chap...</i> | Telephone No. 573-888-9008 |
| EPHS No. 1647 | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Follow-up Date: |