



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

TIME IN 1300 TIME OUT 1530
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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: **Express Food Shop** OWNER: **Ram Kajani** PERSON IN CHARGE: **Kim Wallis**
 ADDRESS: **516 Hwy 53 South** COUNTY: **Dunklin**
 CITY/ZIP: **Campbell, 63933** PHONE: **573-246-2027** 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
 License No. _____ 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	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	Management awareness; policy present			IN OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			IN OUT <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	No discharge from eyes, nose and mouth			IN OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			IN OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
IN OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			IN OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			IN OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			IN OUT <input checked="" type="checkbox"/> N/A	Chemical		
IN OUT <input checked="" type="checkbox"/> N/A	Food separated and protected			IN OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized			IN OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
IN OUT <input checked="" type="checkbox"/> N/A	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		

The letter to the left of each item indicates that item's status at the time of the inspection.
 IN = in compliance
 N/A = not applicable
 OUT = not in compliance
 N/O = not observed

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

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

Person in Charge / Title: **Kim Wallis** *Tommy Gwee* Date: **01/27/2021**
 Inspector: *Ch...* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up: Yes No
 Follow-up Date: _____



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ESTABLISHMENT NAME Express Food Shop		ADDRESS 516 Hwy 53 South		CITY / ZIP Campbell, 63933	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F
Deli Cooler		35	Frigidaire Freezer		-10
To Go BBQ/Pulled Pork		137	Fish/Hot Hold		145
Chicken/Hot Hold		136	Burritos/Hot Hold		156
Burritos/Hot hold		145	Kenmore		41
Walk in Cooler		39	4 Door Diary Cooler		38

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
3-302.11	Raw whole shelled eggs above ready to eat deli meat	COS	
7-301.11	Multiple cleaning products stored above ready to eat food on customer shelving	COS	
4-101.11	Non food grade containers storing bulk goods (Sugar, Spicy batter)	CIP	

Code Reference	CORE ITEMS 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.	Correct By (date)	Initial

COS Corrected onsite
CIP Correction in progress

EDUCATION PROVIDED OR COMMENTS:

Person in Charge /Title: Kim Wallis <i>Kim Wallis</i>	Date: 01/27/2021
Inspector: <i>Chris R</i>	Telephone No. 570-888-9008 EPHS No. 1647 Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: