



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

TIME IN 1020	TIME OUT 1200
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: <b>Faulkners Grocery</b>	OWNER: <b>Mir W. Khan</b>	PERSON IN CHARGE: <b>Aly Nawar</b>
ADDRESS: <b>108 S Frisco Street</b>		COUNTY: <b>Dunklin</b>
CITY/ZIP: <b>Arbyrd, MO</b>	PHONE: <b>573-654-3830</b>	FAX:
P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		

ESTABLISHMENT TYPE	<input type="checkbox"/> BAKERY	<input type="checkbox"/> C. STORE	<input type="checkbox"/> CATERER	<input checked="" type="checkbox"/> DELI	<input checked="" 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  
 Pre-opening  Routine  Follow-up  Complaint  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. _____	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	Hazardous Foods	COS	R
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT N/O N/A	Proper cooling time and temperatures		
IN OUT <input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT N/O N/A	Proper hot holding temperatures		
IN OUT <input checked="" type="checkbox"/>	No discharge from eyes, nose and mouth			IN OUT N/O <input checked="" type="checkbox"/>	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed			IN OUT <input checked="" type="checkbox"/>	Proper date marking and disposition		
IN OUT <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)		
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 <input checked="" type="checkbox"/> N/A	Food received at proper temperature			IN <input checked="" type="checkbox"/>	Food additives: approved and properly used		
IN <input checked="" type="checkbox"/>	Food in good condition, safe and unadulterated				Toxic substances properly identified, stored and used		
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		
<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			
IN <input checked="" type="checkbox"/>	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	Compliance	COS	R	Compliance	COS	R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>		
<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"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>		

Person in Charge / Title: <b>Aly Nawar</b>	Date: <b>10/22/2021</b>
Inspector: <i>[Signature]</i>	Telephone No. <b>573-888-9008</b>
EPHS No. <b>1647</b>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <b>10/29/21</b>



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

TIME IN 1020 TIME OUT 1200  
PAGE of 2

ESTABLISHMENT NAME <b>Faulkners Grocery</b>		ADDRESS <b>108 S Frisco Street</b>		CITY/ZIP <b>Arbyrd, MO</b>	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Produce Display		37	Burritos/Hot Hold		170
New Day Vendor		37	Walk in Cooler Meat		37
Pizza Warmer		160	Migali		33
Chicken/Hot Hold		158	Migali		2
Gravy/Hot Hold		143	Walk in Freezer		-10

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.	Corrected by (date)	Initial
4-601.11A	Fountain heads soiled with black residue, wash rinse and sanitize	10/29/21	an
3-501.17	Deli subs in new day cooler not dated shall be dated with 7 day discard date	10/29/21	an
3-501.18	Opened coleslaw in deli cooler dated 10/13/2021, past 7 day discard date discarded	COS	an
7-102.11	Unlabeled spray bottle on pizza prep cooler	10/29/21	an

Code Reference	CORE ITEMS 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.	Corrected by (date)	Initial
3-304.14	wiping cloths laying on counters in meat and deli room, shall be stored in sanitizer when not in use	10/29/21	an
5-501.15	No lids on trashcans in deli and meat room	10/29/21	an
6-301.12	No papertowels at handsink (Meat room)	10/29/21	an
6-301.11	No soap at handsink (Meat Room)	10/29/21	an
5-205.11A	Handsink blocked with bottles and wrags in produce	10/29/21	an
6-501.12A	Residue on ceiling in walk in cooler, wash rinse and sanitize	10/29/21	an
6-501.12A	Floor soiled behind meat grinder in walk in cooler	10/29/21	an
4-501.11	Door handle broke on meat walk in cooler door	10/29/21	an
5-501.17	no covered wastebasket in employee restroom	10/29/21	an
4-501.11	Missing strips to plastic curtain in meat prep room, repair or replace	10/29/21	an
4-501.11	Beer cooler seal torn, repair or replace	10/29/21	an
4-601.11C	Material used on racks in meat room soiled with food, replace	10/29/21	an

EDUCATION PROVIDED OR COMMENTS:

Person in Charge /Title: **Aly Nawar** Date: **10/22/2021**  
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647**  
 Follow-up:  Yes  No  
 Follow-up Date: **10/29/21**