



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

TIME IN 1000 TIME OUT 1100  
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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: **DOLLAR GENERAL #10883** OWNER: **DOLLAR GENERAL, INC** PERSON IN CHARGE: **Susan Delgado**  
ADDRESS: **110 W HWY 162** COUNTY: **069**  
CITY/ZIP: **CLARKTON, MO 63837** PHONE: FAX: P.H. PRIORITY:  H  M  L

ESTABLISHMENT TYPE  
 BAKERY  RESTAURANT  C. STORE  SCHOOL  CATERER  SENIOR CENTER  DELI  SUMMER F.P.  GROCERY STORE  TAVERN  INSTITUTION  TEMP. FOOD  MOBILE VENDORS

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 N/O <input checked="" type="checkbox"/>	Proper cooking, time and temperature		
<input checked="" type="checkbox"/> OUT	Employee health			IN OUT N/O <input checked="" type="checkbox"/>	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness: policy present			IN OUT N/O <input checked="" type="checkbox"/>	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O <input checked="" type="checkbox"/>	Proper hot holding temperatures		
<input checked="" type="checkbox"/> OUT	Good Hygienic Practices			IN OUT N/O <input checked="" type="checkbox"/>	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT	Proper eating, tasting, drinking or tobacco use			IN OUT N/O <input checked="" type="checkbox"/>	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT	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	Preventing Contamination by Hands			IN OUT <input checked="" type="checkbox"/>	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT	Hands clean and properly washed			IN OUT N/O <input checked="" type="checkbox"/>	Pasteurized foods used, prohibited foods not offered		
<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"/>	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			IN OUT <input checked="" type="checkbox"/>	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Approved Source			IN OUT <input checked="" type="checkbox"/>	Compliance with approved Specialized Process and HACCP plan		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source						
<input checked="" type="checkbox"/> OUT	Food received at proper temperature						
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated						
<input checked="" type="checkbox"/> OUT	Required records available: shellstock tags, parasite destruction						
<input checked="" type="checkbox"/> OUT	Food separated and protected						
<input checked="" type="checkbox"/> OUT	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

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

Person in Charge / Title: **Susan Delgado** *Susan Delgado* Date: **07/13/2022**  
Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647**  
Follow-up:  Yes  No  
Follow-up Date: **TBD**



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8/31/2022

TIME IN 1000	TIME OUT 1100
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ESTABLISHMENT NAME		ADDRESS		CITY / ZIP		
DOLLAR GENERAL #10883		110 W HWY 162		CLARKTON, MO 63837		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/LOCATION		TEMP. in ° F	
Dairy Cooler		36				
Deli Cooler		39				
Ice Cream Freezer		-6				
Rear Storage (Diary Cooler)		37				
Rear Storage (Frozen Food)		-5				
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 <b>MUST RECEIVE IMMEDIATE ACTION</b> within 72 hours or as stated.					
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.					
4-302.12	REPEAT: Ceiling tiles missing or sagging from water damage, repair or replace				TBD	SD
6-202.15	Repeat: Daylight showing under rear stock door, repair or replace				TBD	SD
6-202.15	Repeat: Front entrance door not closing properly and missing multiple pieces of gasket between both doors				TBD	SD
NRI	Next Routine Inspection					

EDUCATION PROVIDED OR COMMENTS:

Person in Charge / Title: Susan Delgado <i>Susan Delgado</i>			Date: 07/13/2022
Inspector: <i>Christopher</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			Follow-up Date: TBD