



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

TIME IN 930 TIME OUT 1300  
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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:<br><b>Faulkners Grocery</b>  |  | OWNER:<br><b>Amar Khowaja</b>  | PERSON IN CHARGE:<br><b>Alyz Khosa</b> |   |
| ADDRESS:<br><b>108 S Frisco Street</b>   |  |  | COUNTY:<br><b>Dunklin</b>              |   |
| CITY/ZIP:<br><b>Arbyrd, MO</b>   |  | PHONE:<br><b>573-654-3830</b>  | FAX:                                   | P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L  |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MOBILE VENDORS<br><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<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |  |  |  |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved   |  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |  | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |
| License No. _____  |  |  |  |   |

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 |
|---|---|-----|---|--|---|-----|---|
| IN <input checked="" type="checkbox"/>  | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | IN OUT N/O <input checked="" type="checkbox"/>   | Proper cooking, time and temperature                        |     |   |
|   | Employee Health   |     |   | IN OUT N/O <input checked="" type="checkbox"/>   | Proper reheating procedures for hot holding                 |     |   |
|   | Management awareness; policy present  |     |   | IN OUT N/O <input checked="" type="checkbox"/>   | Proper cooling time and temperatures                        |     |   |
|   | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> OUT N/O N/A  | Proper hot holding temperatures                             |     |   |
|   | Good Hygienic Practices   |     |   | IN <input checked="" type="checkbox"/> T N/A     | Proper cold holding temperatures                            |     |   |
| IN OUT <input checked="" type="checkbox"/>                                    | Proper eating, tasting, drinking or tobacco use   |     |   | IN <input checked="" type="checkbox"/> T N/O N/A | Proper date marking and disposition                         |     |   |
| IN OUT <input checked="" type="checkbox"/>                                    | No discharge from eyes, nose and mouth  |     |   | IN OUT N/O <input checked="" type="checkbox"/>   | Time as a public health control (procedures / records)      |     |   |
|   | Preventing Contamination by Hands   |     |   |  | Consumer Advisory   |     |   |
| IN <input checked="" type="checkbox"/> T N/O                                  | Hands clean and properly washed   |     |   | IN OUT <input checked="" type="checkbox"/>       | Consumer advisory provided for raw or undercooked food      |     |   |
| IN OUT <input checked="" type="checkbox"/>                                    | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |  | Highly Susceptible Populations                              |     |   |
| IN <input checked="" type="checkbox"/> T                                      | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> OUT N/O N/A  | Pasteurized foods used, prohibited foods not offered        |     |   |
|   | Approved Source   |     |   |  | Chemical  |     |   |
| <input checked="" type="checkbox"/> OUT                                       | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> OUT N/A      | Food additives: approved and properly used                  |     |   |
| IN OUT <input checked="" type="checkbox"/> N/A                                | Food received at proper temperature   |     |   | IN <input checked="" type="checkbox"/> T         | Toxic substances properly identified, stored and used       |     |   |
| IN <input checked="" type="checkbox"/> T                                      | Food in good condition, safe and unadulterated  |     |   |  | Conformance 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 |     |   |
|   | Protection from Contamination   |     |   |  |   |     |   |
| IN <input checked="" type="checkbox"/> T N/A                                  | Food separated and protected  |     |   |  |   |     |   |
| <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> T N/A | Food-contact surfaces cleaned & sanitized   |     |   |  |   |     |   |
| IN OUT <input checked="" type="checkbox"/>                                    | 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  
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 | 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                       |     |   |
|    |     | Food Temperature Control  |     |   | X  |     | Single-use/single-service articles: properly stored, used                             |     |   |
|    | X   | Adequate equipment for temperature control  |     |   | X  |     | Gloves used properly  |     |   |
| X  |     | Approved thawing methods used   |     |   |    |     | Utensils, Equipment and Vending   |     |   |
| X  |     | Thermometers provided and accurate  |     |   | X  |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|    |     | Food Identification   |     |   | X  |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
| X  |     | Food properly labeled; original container   |     |   | X  |     | Nonfood-contact surfaces clean  |     |   |
|    |     | 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  |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
| X  |     | Fruits and vegetables washed before use   |     |   | X  |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|    |     |   |     |   | X  |     | Physical facilities installed, maintained, and clean                                  |     |   |

|   |                                      |                         |  |  |  |
|---|--------------------------------------|-------------------------|--|--|--|
| Person in Charge / Title: <b>Alyz Khosa</b> |                                      |                         | Date: <b>06/08/2023</b>  |  |  |
| Inspector:                                  | Telephone No.<br><b>573-888-9008</b> | EPHS No.<br><b>1647</b> | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Follow-up Date: <b>6/21/2023</b> |  |  |



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|  |  |                                       |                         |  |                         |         |
|--|--|---------------------------------------|-------------------------|--|-------------------------|---------|
| ESTABLISHMENT NAME<br><b>Faulkners Grocery</b> |  | ADDRESS<br><b>108 S Frisco Street</b> |                         | CITY /ZIP<br><b>Arbyrd, MO</b>   |                         |         |
| FOOD PRODUCT/LOCATION                          |  | TEMP. in ° F                          | FOOD PRODUCT/ LOCATION  |  | TEMP. in ° F            |         |
| Produce Display/Letuce                         |  | 50                                    | Deli Cooler             |  | 49-60                   |         |
| Meat Display                                   |  | 40                                    | Walk in Cooler Meat     |  | 40                      |         |
| Diary Cooler                                   |  | 50                                    | Migali                  |  | 37                      |         |
| Sausage/Hot Hold156                            |  | 156                                   | Kratos                  |  | -1                      |         |
| Produce walk in cooler                         |  | 39                                    | Pizza Prep Cooler/      |  | 39                      |         |
| Code Reference                                 | <b>PRIORITY ITEMS</b><br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>                          |                                       |                         |  | Correct by (date)       | Initial |
| 6-501.111                                      | Excessive flies observed throughout the deli area  |                                       |                         |  | 6/12                    |         |
| 4-601.11a                                      | Cutting boards in the produce prep area appear to be soiled with dirt and food debris  |                                       |                         |  | 6/12                    |         |
| 3-501.17                                       | No date marking in the deli cooler- all open deli meats must be marked with a 7-day discard date   |                                       |                         |  | COS                     |         |
| 3-501.16b                                      | Multiple items in the deli cooler above 41F (see temps)- all out of temperature opened deli meat was voluntarily discarded, some unopened deli meat was voluntarily discarded and some was moved to walk in cooler holding 41F (list attached)   |                                       |                         |  | COS                     |         |
| 7-102.11                                       | Unlabeled spray bottle stored on pizza make-line (water) label and assure that bottle is food grade  |                                       |                         |  | 6/12                    |         |
| 4-601.11A                                      | can opener heavily soiled with food debris   |                                       |                         |  | NRI                     |         |
| 6-501.111                                      | excessive swarm of gnats around full mop bucket located in the produce prep room and spider webs on the light fixtures   |                                       |                         |  | 6/12                    |         |
| 3-302.11                                       | Eggs above ready to eat foods in the Migali cooler and in reach in dairy cooler in retail area   |                                       |                         |  | 6/12                    |         |
| 3-501.17                                       | Multiple items not date marked in the Migali cooler (cut sausage and chopped chicken)  |                                       |                         |  | 6/12                    |         |
| 3-501.18                                       | bag of chopped chicken in Migali cooler past 7-day discard date- voluntarily discarded   |                                       |                         |  | COS                     |         |
| 4-601.11a                                      | single serve trays for ground beef packaging stored in the hopper of the grinder   |                                       |                         |  | 6/12                    |         |
| 7-102.11                                       | unlabeled spary bottle of red chemical in meat walk in cooler  |                                       |                         |  | 6/12                    |         |
| 3-101.11                                       | multiple strawberries and tomatoes covered in mold   |                                       |                         |  | COS                     |         |
| 3-101.11                                       | Multiple gallons of milk in customer cooler out of temp, date and swollen- 10 gallons voluntarily disc   |                                       |                         |  | COS                     |         |
| 3-101.11                                       | packages of ref. rolls and biscuits in customer cooler were swelled up indicating temp. abuse (disc.   |                                       |                         |  | COS                     |         |
| Code Reference                                 | <b>CORE ITEMS</b><br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> |                                       |                         |  | Correct by (date)       | Initial |
| 6-301.11                                       | soap not provided and hand washing sinks throughout the deli area or in the produce prep area  |                                       |                         |  | 6/21                    |         |
| 6-301.12                                       | Paper towels not provided at hand washing sinks in the deli area or in the produce cooler  |                                       |                         |  | 6/21                    |         |
| 3-304.14                                       | wiping cloths stored outside of sanitizer throughout deli and in produce prep area   |                                       |                         |  | 6/21                    |         |
| 4-301.11                                       | ambient air in the deli cooler 47F and milk cooler 50 in front-refrig. equip. must be 41F or below   |                                       |                         |  | 6/21                    |         |
| 4-302.14                                       | No test strips for checking sanitizer  |                                       |                         |  | 6/21                    |         |
| 4-601.11c                                      | shelving under deli cooler where single service items are stored was heavily soiled  |                                       |                         |  | 6/21                    |         |
| 6-201.11                                       | old adhesive on the floor throughout the walkin freezer- floor must be cleanable   |                                       |                         |  | 6/21                    |         |
| 6-501.11                                       | multiple missing, wet and/or sagging ceiling tiles in the meat prep room   |                                       |                         |  | 6/21                    |         |
| 3-305.11                                       | Rear walk in freezer in stock room had multiple items stored on the floor  |                                       |                         |  | 6/21                    |         |
| 4-601.11B                                      | Shelving rusted in walk in cooler repair or replace  |                                       |                         |  | 6/21                    |         |
| 6-501.16                                       | Mops laying in bucket shall be hung when not in use  |                                       |                         |  | 6/21                    |         |
| NRI  | Next Routine Inspection  |                                       |                         |  |                         |         |
| EDUCATION PROVIDED OR COMMENTS                 |  |                                       |                         |  |                         |         |
| re   |  |                                       |                         |  |                         |         |
| F  |  |                                       |                         |  |                         |         |
| Person in Charge /Title: <b>Alyz Khosa</b>     |  |                                       |                         |  | Date: <b>06/08/2023</b> |         |
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