



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

TIME IN 900 TIME OUT 1030  
 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: **Dollar General Store 13272** OWNER: **Dollar General Stores Inc** PERSON IN CHARGE: **Denise Latting**  
 ADDRESS: **3373 S. Main St** COUNTY: **Dunklin**  
 CITY/ZIP: **Cardwell, MO 63829** PHONE: **573-654-2400** 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. \_\_\_\_\_

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"/>            | 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                 |     |   |
| <input checked="" type="checkbox"/>            | Management awareness; policy present                                                        |     |                                     | IN OUT N/O <input checked="" type="checkbox"/> | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/>            | Proper use of reporting, restriction and exclusion                                          |     |                                     | IN OUT N/O <input checked="" type="checkbox"/> | Proper hot holding temperatures                             |     |   |
|                                                | Good Hygienic Practices                                                                     |     |                                     | <input checked="" type="checkbox"/>            | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/>            | Proper eating, tasting, drinking or tobacco use                                             |     |                                     | IN OUT N/O <input checked="" type="checkbox"/> | Proper date marking and disposition                         |     |   |
| <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                                           |     |   |
| <input checked="" type="checkbox"/>            | Hands clean and properly washed                                                             |     |                                     | IN OUT <input checked="" type="checkbox"/>     | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/>            | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |                                     |                                                | Highly Susceptible Populations                              |     |   |
| <input checked="" type="checkbox"/>            | Adequate handwashing facilities supplied & accessible                                       |     |                                     | <input checked="" type="checkbox"/>            | Pasteurized foods used, prohibited foods not offered        |     |   |
|                                                | Approved Source                                                                             |     |                                     |                                                | Chemical                                                    |     |   |
| <input checked="" type="checkbox"/>            | Food obtained from approved source                                                          |     |                                     | IN OUT <input checked="" type="checkbox"/>     | Food additives: approved and properly used                  |     |   |
| IN OUT <input checked="" type="checkbox"/> N/A | Food received at proper temperature                                                         |     |                                     | <input checked="" type="checkbox"/>            | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/>            | 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 OUT N/A                                     | Food separated and protected                                                                |     | <input checked="" type="checkbox"/> |                                                |                                                             |     |   |
| <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           |     |                                     |                                                |                                                             |     |   |

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

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

Person in Charge / Title: **Denise Latting** Date: **01/05/2024**  
 Inspector: *[Signature]* Telephone No. **573-888-9008** EPHS No. **1647** Follow-up:  Yes  No  
 Follow-up Date: \_\_\_\_\_



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|             |               |
|-------------|---------------|
| TIME IN 900 | TIME OUT 1030 |
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|                                                  |  |                            |                         |                                  |              |
|--------------------------------------------------|--|----------------------------|-------------------------|----------------------------------|--------------|
| ESTABLISHMENT NAME<br>Dollar General Store 13272 |  | ADDRESS<br>3373 S. Main St |                         | CITY / ZIP<br>Cardwell, MO 63829 |              |
| FOOD PRODUCT/LOCATION                            |  | TEMP. in ° F               | FOOD PRODUCT/ LOCATION  |                                  | TEMP. in ° F |
| Produce Cooler                                   |  | 35                         | Rear Right Dairy Cooler |                                  | 36           |
| Diary Cooler                                     |  | 33                         | Rear Left Dairy Cooler  |                                  | 37           |
| Deli Cooler                                      |  | 34                         |                         |                                  |              |
| Frozen                                           |  | -2                         |                         |                                  |              |

| Code Reference | PRIORITY ITEMS<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 |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|
| 3-302.11       | Raw shell eggs above ready to eat foods in both rear coolers, (Lettuce, Salad, apples, Milk)                                                                                                                                                                 | COS               | DL      |
|                |                                                                                                                                                                                                                                                              |                   |         |
|                |                                                                                                                                                                                                                                                              |                   |         |
|                |                                                                                                                                                                                                                                                              |                   |         |
|                |                                                                                                                                                                                                                                                              |                   |         |
|                |                                                                                                                                                                                                                                                              |                   |         |
|                |                                                                                                                                                                                                                                                              |                   |         |
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|                |                                                                                                                                                                                                                                                              |                   |         |
|                |                                                                                                                                                                                                                                                              |                   |         |

| Code Reference | CORE ITEMS<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 |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|
| 6-201.11       | Vent and light in mens restroom soiled with dust and debris                                                                                                                                                                                                                           | NRI               | DL      |
| 6-501.11       | Missing ceiling tile in mens restroom                                                                                                                                                                                                                                                 | NRI               | DL      |
|                |                                                                                                                                                                                                                                                                                       |                   |         |
|                |                                                                                                                                                                                                                                                                                       |                   |         |
|                |                                                                                                                                                                                                                                                                                       |                   |         |
|                |                                                                                                                                                                                                                                                                                       |                   |         |
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|                |                                                                                                                                                                                                                                                                                       |                   |         |

|     |                         |  |  |
|-----|-------------------------|--|--|
| NRI | Next Routine Inspection |  |  |
| COS | Corrected onsite        |  |  |
|     |                         |  |  |
|     |                         |  |  |

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: Denise Latting *Denise Latting*  
 Date: 01/05/2024  
 Inspector: *[Signature]* Telephone No. 573-888-9008 EPHS No. 1647  
 Follow-up:  Yes  No  
 Follow-up Date: