



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

TIME IN 1300	TIME OUT 1500
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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: SWINDLES FOOD MART		OWNER: Gayatri Krupa LLC	PERSON IN CHARGE: Mike Austin
ADDRESS: 506 E LACLEDE		COUNTY: 069	
CITY/ZIP: MALDEN, MO	PHONE: 573-276-4555	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 type="checkbox"/> DELI <input 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 <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	
License No. NA		WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE 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	Proper cooking, time and temperature		
		Employee Health			IN	OUT	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/>	OUT	Management awareness; policy present			IN	OUT	Proper cooling time and temperatures		
<input checked="" type="checkbox"/>	OUT	Proper use of reporting, restriction and exclusion			IN	OUT	Proper hot holding temperatures		
		Good Hygienic Practices			<input checked="" type="checkbox"/>	OUT	Proper cold holding temperatures		
<input checked="" type="checkbox"/>	OUT	Proper eating, tasting, drinking or tobacco use			IN	OUT	Proper date marking and disposition		
<input checked="" type="checkbox"/>	OUT	No discharge from eyes, nose and mouth			IN	OUT	Time as a public health control (procedures / records)		
		Preventing Contamination by Hands					Consumer Advisory		
<input checked="" type="checkbox"/>	OUT	Hands clean and properly washed			IN	OUT	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/>	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed					Highly Susceptible Populations		
<input checked="" type="checkbox"/>	OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/>	OUT	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	Food additives: approved and properly used		
IN	OUT	Food received at proper temperature			<input checked="" type="checkbox"/>	OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	OUT	Food in good condition, safe and unadulterated					Conformance with Approved Procedures		
IN	OUT	Required records available: shellstock tags, parasite destruction			IN	OUT	Compliance with approved Specialized Process and HACCP plan		
		Protection from Contamination			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				
IN	OUT	Food separated and protected							
IN	OUT	Food-contact surfaces cleaned & sanitized							
IN	OUT	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	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"/>	<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"/>	<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: Mike Austin		Date: 02/28/2024	
Inspector: <i>[Signature]</i>	Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Follow-up Date: 3/14/24



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ESTABLISHMENT NAME SWINDLES FOOD MART		ADDRESS 506 E LACLEDE		CITY/ZIP MALDEN, MO	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Deli Case		Not working	Walk in Freezer		0
FishWarmer		120	Stand Up Freezer		3
Kenmore Refrigerator		36	Chili/Warmer		146
Walk In Cooler		34	Pizza Prep Cooler		35
Beer Cooler		33	Chicken/Left side of warmer		136
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
4-601.11A	Vent hood soiled with grease, clean				3/14 3/14
3-501.17	Multiple items not dated in pizza prep cooler (Cooked Suasage,bacon and sliced bologna)				3/14 NO
3-501.16A	Repeat: Burritos and Fish in warmer temp at 120 degrees, shall be held 135 or above				3/14
4-703.11	Using low splash bleach as a sanitizer, shall be an approved sanitizer				3/14
4-601.11A	Meat slicer soiled with food and debris				3/14
4-601.11A	Onion slicer soiled with food and debris				3/14
6-501.111	Observed mice feces on shelving below slicer and in rear stock room, shall remove all evidence of mice and provide pest control records for follow up inspection				3/14
3-302.11A	Ice build up on all packages in walk in freezer, creating the potential for contamination				3/14
5-402.13	Both restrooms not working due to sewage backup				3/14
8-304.11	Operators of new facility fail to develop written cleaning, illness, cooking and cooling procedures				3/14
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
4-204.112	No thermometer in kenmore refrigerator				3/14 NO
3-302.12	Bulk dry goods under prep table not labeled, if not in original container shall be labeled				3/14
6-202.15	Repeat; Rear door has visible daylight showing on bottom seal, repair or replace				3/14
5-205.15	3 vat sink drain lines leaking, shall maintain in good repair				3/14
5-205.15	3 vat sink faucet not working, repair or replace				3/14
4-601.11C	drive thru soda fountain ice boxes soiled with food and debris, clean				3/14
6-201.11	Floors soiled with food and debris under cooking equipment				3/14
6-501.11	Door not sealing properly in walk in freezer				3/14 OK
CIP	Correction In progress				
NRI	Next Routine Inspection				
COS	Corrected Onsite				
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: Mike Austin				Date: 02/28/2024	
Inspector:		Telephone No. 573-888-9008	EPHS No. 1647	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Follow-up Date: 3/14/24	