



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

TIME IN 1300	TIME OUT 1420
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>DOLLAR TREE</b>	OWNER: <b>DOLLAR TREE, INC.</b>	PERSON IN CHARGE: <b>Dorothy Bom</b>
ADDRESS: <b>1730 FIRST STREET</b>		COUNTY: <b>069</b>
CITY/ZIP: <b>KENNETT, MO 63857</b>	PHONE: <b>573-717-7642</b>	FAX:
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input 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		P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
PURPOSE <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 <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 Date Sampled _____ Results _____
License No. <b>NA</b>		

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			IN	OUT	N/O	<input checked="" type="checkbox"/>	Proper cooking, time and temperature
				IN	OUT	N/O	<input checked="" type="checkbox"/>	Employee Health
				IN	OUT	N/O	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/O	<input checked="" type="checkbox"/>	Management awareness; policy present
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/O	<input checked="" type="checkbox"/>	Proper cooling time and temperatures
<input checked="" type="checkbox"/>	OUT			IN	OUT	N/O	<input checked="" type="checkbox"/>	Proper hot holding temperatures
				<input checked="" type="checkbox"/>	OUT	N/A		Good Hygienic Practices
				IN	OUT	N/O	<input checked="" type="checkbox"/>	Proper cold holding temperatures
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking or tobacco use
<input checked="" type="checkbox"/>	OUT	N/O		IN	OUT	N/O	<input checked="" type="checkbox"/>	Proper date marking and disposition
				IN	OUT	N/O	<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	OUT	<input checked="" type="checkbox"/>		IN	OUT	<input checked="" type="checkbox"/>		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"/>	<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"/>	OUT			<input checked="" type="checkbox"/>	OUT	N/O	N/A	Adequate handwashing facilities supplied & accessible
								Pasteurized foods used, prohibited foods not offered
								Approved Source
				IN	OUT	<input checked="" type="checkbox"/>		Food obtained from approved source
IN	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT			Food received at proper temperature
								Chemical
<input checked="" type="checkbox"/>	OUT							Food additives: approved and properly used
IN	OUT	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	OUT			Toxic substances properly identified, stored and used
								Conformance with Approved Procedures
IN	OUT	N/O	<input checked="" type="checkbox"/>	IN	OUT	<input checked="" type="checkbox"/>		Required records available: shellstock tags, parasite destruction
								Compliance with approved Specialized Process and HACCP plan
								Protection from Contamination
<input checked="" type="checkbox"/>	OUT	N/A		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				
<input checked="" type="checkbox"/>	OUT	N/A						
IN	OUT	<input checked="" type="checkbox"/>						
								Food separated and protected
								Food-contact surfaces cleaned & sanitized
								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"/>		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: <b>Dorothy Bom</b>	Date: <b>05/09/2024</b>
Inspector: <i>[Signature]</i>	Telephone No. <b>573-898-9008</b>
EPHS No. <b>1647</b>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: _____

