



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

TIME IN: 12:44	TIME OUT: 3:30
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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: <u>Faulkner's Grocery</u>		OWNER: <u>Rose Valley LLC</u>	PERSON IN CHARGE: <u>Janice Kibbe</u>
ADDRESS: <u>108 S Frisco</u>		CITY/ZIP: <u>Arbyrd, MO 63821</u>	COUNTY: <u>Dunklin</u>
PHONE: <u>573-654-3830</u>		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 checked="" 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 checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			

FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved License No. _____	SEWAGE DISPOSAL <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled _____	PRIVATE Results _____
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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 <u>OUT</u>	Person in charge present, demonstrates knowledge, and performs duties			IN <u>OUT</u> <u>N/A</u>	Proper cooking, time and temperature		
	Employee Health			IN <u>OUT</u> <u>N/A</u>	Proper reheating procedures for hot holding		
IN <u>OUT</u> <u>N/A</u>	Management awareness; policy present			IN <u>OUT</u> <u>N/A</u>	Proper cooling time and temperatures		
IN <u>OUT</u> <u>N/A</u>	Proper use of reporting, restriction and exclusion			IN <u>OUT</u> <u>N/A</u>	Proper hot holding temperatures		
	Good Hygienic Practices			IN <u>OUT</u> <u>N/A</u>	Proper cold holding temperatures		
IN <u>OUT</u> <u>N/A</u>	Proper eating, tasting, drinking or tobacco use			IN <u>OUT</u> <u>N/A</u>	Proper date marking and disposition		
IN <u>OUT</u> <u>N/A</u>	No discharge from eyes, nose and mouth			IN <u>OUT</u> <u>N/A</u>	Time as a public health control (procedures/records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN <u>OUT</u> <u>N/A</u>	Hands clean and properly washed			IN <u>OUT</u> <u>N/A</u>	Consumer advisory provided for raw or undercooked food		
IN <u>OUT</u> <u>N/A</u>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN <u>OUT</u>	Adequate handwashing facilities supplied & accessible			IN <u>OUT</u> <u>N/A</u>	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN <u>OUT</u>	Food obtained from approved source			IN <u>OUT</u> <u>N/A</u>	Food additives: approved and properly used		
IN <u>OUT</u> <u>N/A</u>	Food received at proper temperature			IN <u>OUT</u>	Toxic substances properly identified, stored and used		
IN <u>OUT</u>	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN <u>OUT</u> <u>N/A</u>	Required records available: shellstock tags, parasite destruction			IN <u>OUT</u> <u>N/A</u>	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 <u>OUT</u> <u>N/A</u>	Food separated and protected						
IN <u>OUT</u> <u>N/A</u>	Food-contact surfaces cleaned and sanitized						
IN <u>OUT</u> <u>N/A</u>	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
IN <u>OUT</u>		Pasteurized eggs used where required			IN <u>OUT</u>		In-use utensils: properly stored		
IN <u>OUT</u>		Water and ice from approved source			IN <u>OUT</u>		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			IN <u>OUT</u>		Single-use/single-service articles: properly stored, used		
		Adequate equipment for temperature control			IN <u>OUT</u>		Gloves used properly		
IN <u>OUT</u>		Approved thawing methods used					Utensils, Equipment and Vending		
IN <u>OUT</u>		Thermometers provided and accurate					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification					Warewashing facilities: installed, maintained, used; test strips used		
IN <u>OUT</u>		Food properly labeled; original container					Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
IN <u>OUT</u>		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
IN <u>OUT</u>		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
IN <u>OUT</u>		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
IN <u>OUT</u>		Wiping cloths: properly used and stored			IN <u>OUT</u>		Toilet facilities: properly constructed, supplied, cleaned		
IN <u>OUT</u>		Fruits and vegetables washed before use			IN <u>OUT</u>		Garbage/refuse properly disposed; facilities maintained		
					IN <u>OUT</u>		Physical facilities installed, maintained, and clean		

Person in Charge: <u>Janice Kibbe</u>	Title: _____	Date: <u>05/14/2025</u>
Inspector: <u>[Signature]</u>	Telephone No. <u>573-888-9008</u>	EPHS No. <u>1692</u>
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: <u>06/11/2025</u>

