



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

TIME IN 3:25 PM TIME OUT 4:25 PM
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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: AMERICAN #19		OWNER: LARA YOUNGHOUSE	PERSON IN CHARGE: SHARON MCCOY
ADDRESS: 19950 HWY 25 RT C		COUNTY: STEPHENSON	
CITY/ZIP: ADVANCE 63730	PHONE: 722-5008	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS			
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 <input checked="" type="checkbox"/> Not Applicable 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 <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
IN OUT	Person in charge present, demonstrates knowledge, and performs duties			IN OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Management awareness; policy present			IN OUT N/O N/A	Proper cooling time and temperatures		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities supplied & accessible			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
IN OUT	Food obtained from approved source			IN OUT N/A	Food additives: approved and properly used		
IN OUT N/O N/A	Food received at proper temperature			IN OUT	Toxic substances properly identified, stored and used		
IN OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
IN OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
IN OUT N/A	Food separated and protected						
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	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 COS = Corrected On Site R = Repeat Item							

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

Person in Charge / Title: <i>Sharon McCoy</i>		Date: 07-28-2020	
Inspector: WILLIAM A. BRANDEL	Telephone No. 568-4593	EPHS No. 1582	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: 7-30-2020



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ESTABLISHMENT NAME AMERICAN MART #19		ADDRESS LAURA YOUNG HOUSE		CITY ADVANCE	ZIP 63730
FOOD PRODUCT/LOCATION WALK IN COOLER (DEFROST MODE)		TEMP. 48°	FOOD PRODUCT/LOCATION HOT HOLD ON ARRIVAL COS		TEMP. 128°
KITCHEN REFRIG		39°			
MILK COOLER		40°			
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)
6-301.111	MOUSE FECS UNDER SODA FOUNTAIN ON SHELF (X2) MOUSE HOLES W/ CHEWING EVIDENCE LEFT SIDE OF HALLWAY * CLEAN UNDER SHELVES * REPAIR HOLES IN DRYWALL - REPAIR				
3-501.16A2	WALK IN COOLER ON ARRIVAL IN DEFROST TEMP 48° - RAW CHICKEN & MEATS IN COS WALK IN - CALLED MANAGER LEFT UNIT JUST WORKED ON				
3-501.16A1	HOT HOLD ON COUNTER AT 128° ON ARRIVAL HOT HOLD MUST BE 135° OR ABOVE				
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)
4-501.11	CHEST FREEZER DOOR BROKEN/NOT CLOSING, USING A GALLON JUG TO KEEP CLOSED * REPAIR OR REPLACE LID OF FREEZER				
4-601.11C	DIRTY NON FOOD CONTACT SURFACES LIST: FLOOR UNDER COOKING IMPLEMENTS - GREASE/FOOD SIDES/FRONT OF COOKING IMPLEMENTS - GREASE/FOOD CLEAN FLOORS ALONG & UNDER COOLERS/SHELVES WALK IN COOLER FAN GUARDS - DUST/DIRT COVERED				
6-202.11	FLUORESCENT LIGHTS NOT SHIELDED BY DR. PAPER COOLER - REPLACE SHIELD				
6-501.11	DAMAGED CIELING ABOVE CHIP DISPLAY - REPAIR WATER DRIPPING FROM AC VENT IN DINING RM - REPAIR				

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title:

Date:

Inspector:

Telephone No.

EPHS No.

Follow-up:

☒ Yes ☐ No

Follow-up Date: