

## MISSOURI DEPARTMEN. JF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 10:45 Am	TIME OUT
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WITH ANY TIM	ME LIMIT	CTION THIS DAY, THE ITEMS NO ECTION, OR SUCH SHORTER PE S FOR CORRECTIONS SPECIFIE	RIOD OF TIME AS D IN THIS NOTICE	MAY BE	E SPEC	IFIED	IN WR	RITING BY	THE REGULA	ATORY AUTHORIT	Y. FAILURE TO	COMPL	Y THE -Y
ESTABLISHMENT NAME:  DOLLAR GENERAL  OWNER:  CORP						PERSON IN CHARGE:  DEBORAH FER 6050					/		
ADDRESS: 22135 HWY51						COUNTY:							
CITY/218: PHONE: 222-2451				FAX: P.H. PRIORITY:   H   M   M									
ESTABLISHMENT TYPE  BAKERY C. STORE CATERER DELI RESTAURANT SCHOOL SENIOR CENTER SUMMER F						☐ GROCERY STORE ☐ INSTITUTION ☐ MOBILE VENDORS  . ☐ TAVERN ☐ TEMP.FOOD						lS.	
☐ Pre-oper		Routine   Follow-up	☐ Complaint	□ Ot	her								
FROZEN DESSERT  Approved Disapproved Not Applicable License No SEWAGE DISPOSA  PUBLIC  PRIVATE						WATER SUPPLY  COMMUNITY  NON-COMMUNITY  Date Sampled  Results				********			
Bick footors	ore food	proporation prosting and apple	RISK FA										
foodborne iline	ess outbi	preparation practices and employer reaks. Public health interventions	are control measu	res to pr	event for	odbo	rne illne	ess or injur	y.			ors in	
Compliance IN OUT	-	Demonstration of Kn Person in charge present, demo		CO	S R		omplianc OUT I	N/O N/A		otentially Hazardou king, time and temp		COS	SR
		and performs duties  Employee Hea						N/O N/A		eating procedures for			
IN OUT		Management awareness; policy	present			IN	OUT I	N/O N/A	Proper cool	ing time and tempe	ratures		
IN OUT		Proper use of reporting, restriction Good Hygienic Pra					OUT	N/O (N/A)	Proper hot I	holding temperature holding temperatur	S		
IN OUT NO		Proper eating, tasting, drinking o	r tobacco use					N/O N/A	Proper date	marking and dispo	sition		
NOUT NO		No discharge from eyes, nose ar	id mouth			IN	OUT I	N/O N/A	Time as a p	public health control			10
M OUT N/O		Preventing Contamination Hands clean and properly washe				IN	OUT	records)  Consumer Advisory  (N/A)  Consumer advisory provided for raw or					
IN OUT N/O		No bare hand contact with ready	to-eat foods or		_				undercooke	d food			
		approved alternate method prope	erly followed				Highly Susceptible Populations					19/29	
NOUT		Adequate handwashing facilities accessible				IN	1 TUO	N/O N/A Pasteurized foods used, prohibited foods not offered			ited foods not		
OUT OUT		Approved Sour Food obtained from approved so				INI	OUT	Chemical  OUT N/A Food additives: approved and properly used					
N OUT N/O	N/A	Food received at proper tempera	ture				OUT)	N/A)	Toxic substa	ances properly iden	properly used tified, stored and		
MOUT		Food in good condition, safe and	unadulterated						used	nance with Approve			
IN OUT N/O	N/A)	Required records available: shell destruction		,		IN	OUT	N/A)	Compliance and HACCE	with approved Spe	cialized Process		
		Protection from Conta	mination			Tho	lottor t	o the left of			L-1		
	N/A	Food separated and protected				The letter to the left of each item indicates that item's status at the time of the inspection.							
	N/A	Food-contact surfaces cleaned &				IN = in compliance  N/A = not applicable  OUT = not in compliance  N/O = not observed							
IN OUT MO	2	Proper disposition of returned, pr reconditioned, and unsafe food	eviously served,					orrected Or		R = Repeat Item			
		Cond Patril Providence		OOD RE									
IN OUT		Good Retail Practices are preventa Safe Food and Water	tive measures to c	cos	R	IN	of path OUT	hogens, che		physical objects into er Use of Utensils	foods.	cos	
	Paster	urized eggs used where required				-	001	In-use ut	tensils: proper	rly stored		COS	R
/	Water	and ice from approved source				1				nd linens: properly s	stored, dried,		
		Food Temperature Contro	ol <u>e e e</u>					handled Single-us		rice articles: properly	v stored, used		
		ate equipment for temperature con	trol			-		Gloves u	ised properly				
	-	ved thawing methods used cometers provided and accurate						Food and	d nonfood-cor	quipment and Vend	able properly		
X								designed	d, constructed	, and used			
		Food Identification						Warewas strips us	shing facilities ed	: installed, maintain	ed, used; test		
-	Food p	properly labeled; original container				-			-contact surfa			21.8	
-	Insects	Prevention of Food Contamination sects, rodents, and animals not present						Physical Facilities Hot and cold water available; adequate pressure					
,	Contamination prevented during food preparation, storage					x			oper backflow device				
and display  Personal cleanliness: clean outer clothing, hair restraint,				1	74	Sewage	and wastewa	ter properly dispose	d				
fingernails and jewelry Wiping cloths: properly used and stored				-	_	Toilet fac	cilities: proper	ly constructed, supp	lied cleaned				
/	Fruits and vegetables washed before use				X	Garbage	/refuse prope	rly disposed; facilitie	es maintained				
Person in Ch	arge /Ti	tle:					X	Physical		lled, maintained, an	d clean	111111111111111111111111111111111111111	
Person in Charge /Title: Date: No Dorigh Rensus Gr													
Inspector:	(1,0	A BRANDEL	Telep	phone N	10.	3		EPHS No		ow-up:	Yes	DK No	0
MO 580-1814 (11-14)		the fact of the fa	DISTRIBUTION: WHITE	- OWNER	'S COPY		17	CANARY - FIL		ap Date.	NA		E6.37



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10:45 Am	TIME OUT
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ESTABLISHMENT NAME		ADDRESS	. , _	C	CITY	ZIP			
DOLLAR GE	NERAL	22135	HWY 51	Yuxxo	-0.				
	RODUCT/LOCATION	TEMP.		OCATION	TEMP.				
+ XOSEN TOOD-									
	#2 50DAS NT 410								
FF#3 MI	43 MILK 400								
EF#4 CHEE	#4 CHEEDE/E665 390								
ICE CELAW									
Code			RIORITY ITEMS			Correct by	Initial		
Reference Priority	y items contribute directly to the elir	mination, prevention of	or reduction to an accep		ociated with foodborne illness	(date)	Hilliai		
	ry. These items MUST RECEIVE I						30000		
5-200.13	HOSE ATTACHE	D To ma	T SINE FA	ict T-NO	ALZGAT	1)+			
	PKKSENY-	REMOVE +	HOSE OT SHO	ORTENTO BI	2 ABOUT	UF			
	FLOOD LE	VEL OF MZ	of WELL						
	- Continue de la Cont								
		1							
		()							
		1							
		16	Acres Company of the						
198									
		(	7						
		<del></del>							
		L		· ·					
Code Reference Core it	tems relate to general sanitation, op		CORE ITEMS	uipment design, general	maintenance or sanitation	Correct by (date)	Initial		
standa	ard operating procedures (SSOPs).	These items are to	be corrected by the n	ext regular inspection	or as stated.	(date)			
6-501,11-	STOPE ROOM HAS	NUNLEDUS	HOLKS IN &	DEYWALL -	REPAIR	DF			
6-501. 14 F	1. 4 EMPLOYAE & FUBLIC BATHROOM VENT COULFLD IN DUST								
	CLEAN								
	CLEAR								
1 - 1 11	. 9.	CP P	Markov	4 DE FOR	EI PULL	10			
6-501,16	MOPS NOT HUNG	6011017	HAPPI -	DIDKE IKO	TEHLY	11			
			0 1						
6-501.18 3	SINKS DIETYIN	FOTH EW	rought a s	rublic KEST	FROM				
6501.11	GUEST BATHPA	one Tolle	TPAPLE HO	LDIK BROK.	EN-KEFAIX	1) +			
	SINF PALLED OFF WALL - &LEPAIR								
	TOILET CONSTA-T RUNKING/DIETY								
		. 0.0		1					
1-5-11-	SP W W Z	7x' 101		La		10			
6 201.12	PRNKNG FROM	DIRIN VIR	-1(-(1/1			DE			
EDUCATION PROVIDED OR COMMENTS									
Person in Charge /	Title:				Date: A /				
reison in Gharge /	Jers USO	1			Date: Neb A	35 US	0		
Inspector:		Telep	phone No. 8 45 9 3	EPHS No.	Follow-up:	Yes [	No		
WILLIAM A	. BRANDEC	56	8 4595	1582	Follow-up Date:	NRI			
MO 580-1814 (11-14)		DISTRIBUTION: WHITE - O	NAME OF TAXABLE PARTY.	CANARY - FILE COPY			E6.37A		