



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

TIME IN 10:45 AM	TIME OUT 11:18 AM
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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: FOOD GIANT		OWNER: COPP	PERSON IN CHARGE: HARLAN	
ADDRESS: 108 STATE HWY 25			COUNTY: STODARD	
CITY/ZIP: BLOOMFIELD 63825	PHONE: 568-4621	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 checked="" 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 checked="" 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	Management awareness; policy present			IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT	Proper use of reporting, restriction and exclusion			IN OUT N/O N/A	Proper cooling time and temperatures		
				Good Hygienic Practices			
IN OUT N/O	Proper eating, tasting, drinking or tobacco use			IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT N/O	No discharge from eyes, nose and mouth			IN OUT N/O N/A	Proper cold holding temperatures		
				Preventing Contamination by Hands			
IN OUT N/O	Hands clean and properly washed			IN OUT N/A	Proper date marking and disposition		
IN OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			IN OUT N/O N/A	Time as a public health control (procedures / records)		
IN OUT	Adequate handwashing facilities supplied & accessible			Consumer Advisory			
				Consumer advisory provided for raw or undercooked food			
				Highly Susceptible Populations			
IN OUT				IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
				Approved Source			
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			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 COS = Corrected On Site R = Repeat Item			
IN OUT N/A	Food-contact surfaces cleaned & sanitized						
IN OUT N/O	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	
✓		Pasteurized eggs used where required			✓		In-use utensils: properly stored			
✓		Water and ice from approved source			✓		Utensils, equipment and linens: properly stored, dried, handled			
					✓		Single-use/single-service articles: properly stored, used			
					✓		Gloves used properly			
					Utensils, Equipment and Vending					
✓		Adequate equipment for temperature control			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
✓		Approved thawing methods used			✓		Warewashing facilities: installed, maintained, used; test strips used			
✓		Thermometers provided and accurate			✓		Nonfood-contact surfaces clean			
					Physical Facilities					
					✓		Hot and cold water available; adequate pressure			
✓		Food properly labeled; original container			✓		Plumbing installed; proper backflow devices			
					✓		Sewage and wastewater properly disposed			
✓		Insects, rodents, and animals not present			✓		Toilet facilities: properly constructed, supplied, cleaned			
✓		Contamination prevented during food preparation, storage and display			✓		Garbage/refuse properly disposed; facilities maintained			
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Physical facilities installed, maintained, and clean			
✓		Wiping cloths: properly used and stored			✓					
✓		Fruits and vegetables washed before use			✓					

Person in Charge / Title: _____			Date: 1-17-22		
Inspector: WILLIAM A. BRANDE / ANN WINKLER	Telephone No. 568-4573	EPHS No. 1582	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: N/A	