



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

TIME IN 12:00	TIME OUT 12:20
PAGE 1 of 1	

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: MURRAY OIL	OWNER: CORP	PERSON IN CHARGE: CHRIS WHITAKER
ADDRESS: 2027 HWY 60 W		COUNTY: STODDARD
CITY/ZIP: DEXTER 63841	PHONE:	FAX:
P.H. PRIORITY: <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" 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 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 <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
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	Person in charge present, demonstrates knowledge, and performs duties		
				Employee Health			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	Management awareness; policy present		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	Proper use of reporting, restriction and exclusion		
				Good Hygienic Practices			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O		<input checked="" type="checkbox"/> IN	Proper eating, tasting, drinking or tobacco use		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O		<input checked="" type="checkbox"/> IN	No discharge from eyes, nose and mouth		
				Preventing Contamination by Hands			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O		<input checked="" type="checkbox"/> IN	Hands clean and properly washed		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O		<input checked="" type="checkbox"/> IN	No bare hand contact with ready-to-eat foods or approved alternate method properly followed		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	Adequate handwashing facilities supplied & accessible		
				Approved Source			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	Food obtained from approved source		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A	<input checked="" type="checkbox"/> IN	Food received at proper temperature		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT			<input checked="" type="checkbox"/> IN	Food in good condition, safe and unadulterated		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O	N/A	<input checked="" type="checkbox"/> IN	Required records available: shellstock tags, parasite destruction		
				Protection from Contamination			
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		<input checked="" type="checkbox"/> IN	Food separated and protected		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/A		<input checked="" type="checkbox"/> IN	Food-contact surfaces cleaned & sanitized		
<input checked="" type="checkbox"/> IN	<input type="checkbox"/> OUT	N/O		<input checked="" type="checkbox"/> IN	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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required			<input checked="" type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled		
				Food Temperature Control					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate equipment for temperature control			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gloves used properly		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			Utensils, Equipment and Warehousing				
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
				Food Identification					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips used		
				Prevention of Food Contamination					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage and display			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fruits and vegetables washed before use			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, cleaned		
				Physical Facilities					
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge / Title: <i>Chris Whitaker</i>	Date: 6-7-23
Inspector: William A. Brandel	Telephone No.: 568-4593
EPHS No.: 1582	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: N/A