



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

TIME IN: 10:45 TIME OUT: 11:25  
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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: Casey's General Store		OWNER: Casey General Store	PERSON IN CHARGE: Robert Atkinson
ADDRESS: 1105 S. Story St.			COUNTY: MISSOURI
CITY/ZIP: Warrenton 63034	PHONE: 683-2583	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 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 type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input 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		
<b>Employee Health</b>				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		
<b>Good Hygienic Practices</b>				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)		
<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>			
IN / OUT N/O	Hands clean and properly washed			IN / OUT N/A	Consumer advisory provided for raw or undercooked food		
<b>Approved Source</b>				<b>Highly Susceptible Populations</b>			
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	Pasteurized foods used, prohibited foods not offered		
IN / OUT	Adequate handwashing facilities supplied & accessible			<b>Chemical</b>			
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			<b>Conformance with Approved Procedures</b>			
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		
<b>Protection from Contamination</b>				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			
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						

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		
<b>Food Temperature Control</b>				<b>Utensils, Equipment and Vending</b>					
✓		Adequate equipment for temperature control			✓		Single-use/single-service articles: properly stored, used		
✓		Approved thawing methods used			✓		Gloves used properly		
✓		Thermometers provided and accurate			✓		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>				<b>Physical Facilities</b>					
✓		Food properly labeled; original container			✓		Warewashing facilities: installed, maintained, used; test strips used		
✓		Insects, rodents, and animals not present			✓		Nonfood-contact surfaces clean		
✓		Contamination prevented during food preparation, storage and display			✓		Hot and cold water available; adequate pressure		
✓		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			✓		Plumbing installed; proper backflow devices		
✓		Wiping cloths: properly used and stored			✓		Sewage and wastewater properly disposed		
✓		Fruits and vegetables washed before use			✓		Toilet facilities: properly constructed, supplied, cleaned		
					✓		Garbage/refuse properly disposed; facilities maintained		
					✓		Physical facilities installed, maintained, and clean		

Person in Charge / Title: Robert Atkinson / Store Manager      Date: 6-27-19

Inspector: [Signature]      Telephone No. 573-730-1310      EPHS No. 11260      Follow-up:  Yes  No

Follow-up Date: \_\_\_\_\_



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ESTABLISHMENT NAME <i>Casoli's General Store</i>		ADDRESS <i>211 S Story St.</i>		CITY <i>Camlinston</i>	ZIP <i>63834</i>
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
<i>Pizza Slice/Warmer</i>		<i>138°F</i>			

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)	Initial

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)	Initial
<i>4-601.12</i>	<i>Donut icing container dirty (exterior)</i>		<i>NRI</i>

EDUCATION PROVIDED OR COMMENTS:  
*Next routine inspection (NRI), discussed proper location for employees eating.*

Person in Charge/Title: <i>Robert A. Store Manager</i>	Date: <i>6-27-19</i>
Inspector: <i>Doretha Jodie Moore</i>	Telephone No. <i>573-730-1310</i> EPHS No. <i>1126</i>
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: