



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

TIME IN: 1:15 TIME OUT: 2:20
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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: Dollar General		OWNER:	PERSON IN CHARGE:		
ADDRESS: 111 N Main			COUNTY: MISSISSIPPI		
CITY/ZIP: Charleston 63834	PHONE: 663-2411	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 type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other					
FROZEN DESSERT <input checked="" 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			
Approved Source							
(IN) OUT	Food obtained from approved source			IN OUT N/A	Consumer advisory provided for raw or undercooked food		
(IN) OUT N/O N/A	Food received at proper temperature			IN OUT	Highly Susceptible Populations		
(IN) OUT	Food in good condition, safe and unadulterated			IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
(IN) OUT N/O N/A	Required records available: shellstock tags, parasite destruction			IN OUT	Chemical		
Protection from Contamination							
(IN) OUT N/A	Food separated and protected			IN OUT N/A	Food additives: approved and properly used		
(IN) OUT N/A	Food-contact surfaces cleaned & sanitized			IN OUT	Toxic substances properly identified, stored and used		
(IN) OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			IN OUT	Conformance with Approved Procedures		
				IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		

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

Person in Charge / Title: _____ Date: 8-23-2021

Inspector: Odie Marcum Telephone No: 515-483-2911 EPHS No: 11681

Follow-up: Yes No

Follow-up Date: _____



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ESTABLISHMENT NAME <i>Dollar General</i>	ADDRESS <i>711 N Main</i>	CITY <i>Charleston</i>	ZIP <i>63834</i>
FOOD PRODUCT/LOCATION	TEMP.	FOOD PRODUCT/LOCATION	TEMP.

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
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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
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<i>6-501.11</i>	<i>Floors throughout establishment are dirty.</i>	<i>NRI</i>	

EDUCATION PROVIDED OR COMMENTS
<i>NRI = next routine inspection</i>
<i>Note: Floors need to be waxed to make them easier to clean.</i>

Person in Charge / Title: <i>[Signature]</i>		Date: <i>8-23-2021</i>
Inspector: <i>Code Marcum</i>	Telephone No. <i>573-787-2911</i>	EPHS No. <i>1681</i>
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date: