



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

TIME IN: 11:00 AM TIME OUT: 11:35 AM
PAGE 1 of 2

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: <u>McDonald's Food Mart</u>		OWNER: <u>Dupe McDonald</u>		PERSON IN CHARGE:	
ADDRESS: <u>707 W. Washington</u>				COUNTY: <u>Mississippi</u>	
CITY/ZIP: <u>East Prairie MO 63845</u>		PHONE:	FAX:	P.H. PRIORITY: <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE					
<input checked="" 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 checked="" 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		SEWAGE DISPOSAL		WATER SUPPLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable		<input checked="" type="checkbox"/> PUBLIC		<input checked="" type="checkbox"/> COMMUNITY	
License No. _____		<input type="checkbox"/> PRIVATE		<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/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					Chemical		
		Protection from Contamination							
IN	OUT N/A	Food separated and protected					Conformance with Approved Procedures		
IN	OUT N/A	Food-contact surfaces cleaned & sanitized			IN	OUT N/A	Compliance with approved Specialized Process and HACCP plan		
IN	OUT N/O	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
		Pasteurized eggs used where required					In-use utensils; properly stored		
		Water and ice from approved source					Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control							
		Adequate equipment for temperature control					Single-use/single-service articles: properly stored, used		
		Approved thawing methods used					Gloves used properly		
		Thermometers provided and accurate					Utensils, Equipment and Vending		
		Food Identification							
		Food properly labeled; original container					Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Prevention of Food Contamination							
		Insects, rodents, and animals not present					Warewashing facilities: installed, maintained, used; test strips used		
		Contamination prevented during food preparation, storage and display					Nonfood-contact surfaces clean		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Physical Facilities		
		Wiping cloths: properly used and stored					Hot and cold water available; adequate pressure		
		Fruits and vegetables washed before use					Plumbing installed; proper backflow devices		
							Sewage and wastewater properly disposed		
							Toilet facilities: properly constructed, supplied, cleaned		
							Garbage/refuse properly disposed; facilities maintained		
							Physical facilities installed, maintained, and clean		

Person in Charge / Title: <u>Kevin Meyer</u>			Date: <u>10-5-18</u>		
Inspector: <u>[Signature]</u>	Telephone No: <u>643-7191</u>	EPHS No: <u>1207</u>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Follow-up Date: _____	



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

TIME IN <i>11:00 AM</i>	TIME OUT <i>11:35 AM</i>
PAGE <i>2</i> of <i>7</i>	

ESTABLISHMENT NAME <i>Aldeals Food Mart</i>		ADDRESS <i>707 W. Washington</i>		CITY <i>East Prairie</i>		ZIP <i>65845</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
<i>6-702.13B</i>	<i>Corrected</i>		

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>4-601.11C</i>	<i>Corrected</i>		
<i>3-302.11A</i>	<i>1</i>		
<i>5-205.15B</i>	<i>leaky plumbing under food sink in meat Dept.</i>	<i>Next Visit</i>	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Ken Mays</i>	Telephone No. <i>635-7124</i>	EPHS No. <i>1209</i>	Date: <i>10-5-18</i>	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspector: <i>[Signature]</i>			Follow-up Date:	