



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

TIME IN: 1:00 TIME OUT: 2:30
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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: <u>Charleston DCG #3019</u>		OWNER: <u>Roller General</u>	PERSON IN CHARGE: <u>Kind Harris</u>	
ADDRESS: <u>111 N Main</u>			COUNTY: <u>Mississippi</u>	
CITY/ZIP: <u>Charleston 63834</u>	PHONE: <u>683-2414</u>	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
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/A	Time as a public health control (procedures / records)		
IN/OUT	Adequate handwashing facilities supplied & accessible			IN/OUT N/O N/A	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	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 N/A	Conformance with Approved Procedures		
				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: [Signature] Date: 6-24-19

Inspector: [Signature] Telephone No. 573-730-1310 EPHS No. 1126 Follow-up: Yes No

Follow-up Date: 7-24-19



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ESTABLISHMENT NAME Charleston Dollar General		ADDRESS 111 N Main		CITY Charleston	ZIP 63834
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient Air (AA) Bar cooler		39°F			
AA Energy drink cooler		31°F			
AA milk cooler		31°F			
AA lunch meat cooler		33°F			

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
3-101.11	Denied cans: 1 can clover valley original baked beans, 2 cans clover valley sliced mushrooms, 2 cans Van Camps pork and beans.	6-24	
6-501.11	Termite damage on doorway to back room.	6-27	

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
6-501.11	Missing ceiling tiles in restroom	7-24	
5-501.17	No covered trash in restroom	↓	
6-304.11	Exhaust fan not working		
6-501.11	Water damage on North wall of bathroom		
6-501.14	Trash along north wall of exterior building		

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: *[Signature]* Date: 6-24-19
 Inspector: *[Signature]* Telephone No. 573-730-1310 EPHS No. 1126
 Follow-up: Yes No
 Follow-up Date: 7-29-19