



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

TIME IN: 10:30	TIME OUT: 11:30
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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: <i>Coseys General Store</i>	OWNER:	PERSON IN CHARGE:
ADDRESS: <i>605 W Washington</i>	COUNTY: <i>Mississippi</i>	
CITY/ZIP: <i>Paris 63845</i>	PHONE: <i>641-5844</i>	FAX:
P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input 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		
<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>				IN / OUT / N/A	<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		
IN / OUT / N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<b>Highly Susceptible Populations</b>			
IN / OUT	Adequate handwashing facilities supplied & accessible			IN / OUT / N/O / N/A	Pasteurized foods used, prohibited foods not offered		
<b>Approved Source</b>				<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 / OUT / N/A	Food separated and protected			IN = in compliance          OUT = not in compliance			
IN / OUT / N/A	Food-contact surfaces cleaned & sanitized			N/A = not applicable        N/O = not observed			
IN / OUT / N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food			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			X		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					<b>Physical Facilities</b>		
<b>Food Identification</b>				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used					
		Food properly labeled; original container					Warewashing facilities: installed, maintained, used; test strips used		
<b>Prevention of Food Contamination</b>				Nonfood-contact surfaces clean					
		Insects, rodents, and animals not present					Hot and cold water available; adequate pressure		
		Contamination prevented during food preparation, storage and display					Plumbing installed; proper backflow devices		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sewage and wastewater properly disposed		
		Wiping cloths: properly used and stored					Toilet facilities: properly constructed, supplied, cleaned		
		Fruits and vegetables washed before use					Garbage/refuse properly disposed; facilities maintained		
Physical facilities installed, maintained, and clean									

Person in Charge / Title: <i>Amanda Caldwell 2nd Assistant</i>	Date: <i>10-6-2021</i>		
Inspector: <i>Jojo Marcum</i>	Telephone No.:	EPHS No.:	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<i>513-663-2911</i>	<i>11681</i>	Follow-up Date:



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ESTABLISHMENT NAME Casey's General Store		ADDRESS 605 W Washington		CITY East Prairie	ZIP 63845
FOOD PRODUCT/LOCATION		TEMP.	FOOD PRODUCT/LOCATION		TEMP.
Ambient Air (AA) pizza warmer		139°F	AA sandwich make-line cooler		36°F
AA sandwich warmer		137°F	AA Soda Cooler		38°F
AA pizza make-line cooler		39°F	Ice Cream mix / Ice Cream machine		32°F
AA walk in cooler		37°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
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	none at this time		

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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5-205.1(B)	Box sitting on top of hand sink. Hand sinks must be accessible and only used for hand washing. The hand sink in the sandwich prep area w/ the only one being blocked.		NRI

EDUCATION PROVIDED OR COMMENTS
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NRI = next routine inspection

Person in Charge /Title: Amanda Caldwell Sub-assist.	Date: 10-10-2021
Inspector: Judge Matcumber	Telephone No: 573-683-2191
	EPHS No: 1661
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Follow-up Date:	