



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

TIME IN 1:35	TIME OUT 3:00
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: The Station		OWNER: Barrel Pullen		PERSON IN CHARGE: Same	
ADDRESS: 9943 Hwy 60 East				COUNTY: Mississippi	
CITY/ZIP: Hwy 60 Mississippi 63882		PHONE: 580-2072		FAX:	
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 checked="" 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 checked="" type="checkbox"/> Not Applicable License No. _____		SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		WATER SUPPLY <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input checked="" 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	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		
<b>Good Hygienic Practices</b>							
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		
<b>Preventing Contamination by Hands</b>							
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			<b>Consumer Advisory</b>			
<b>Approved Source</b>							
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	<b>Highly Susceptible Populations</b>		
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			<b>Chemical</b>			
<b>Protection from Contamination</b>							
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	<b>Conformance with Approved Procedures</b>		
				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  
 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		
<b>Food Temperature Control</b>									
		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		<b>Utensils, Equipment and Vending</b>		
<b>Food Identification</b>									
		Food properly labeled; original container			X		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
<b>Prevention of Food Contamination</b>									
		Insects, rodents, and animals not present			X		Warewashing facilities: installed, maintained, used; test strips used		
		Contamination prevented during food preparation, storage and display			X		Nonfood-contact surfaces clean		
		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			X		<b>Physical Facilities</b>		
		Wiping cloths: properly used and stored			X		Hot and cold water available; adequate pressure		
		Fruits and vegetables washed before use			X		Plumbing installed; proper backflow devices		
					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: Barrel Pullen			Date: 9-14-2020		
Inspector: Julie Mann	Telephone No. 573-183-2191	EPHS No. 11081	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Follow-up Date:		



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PAGE 2 of 2	

ESTABLISHMENT NAME The Station	ADDRESS 9943 Hwy 60 East	CITY Wyatt	ZIP 63882
FOOD PRODUCT/LOCATION Ambient Air make line cooler	TEMP. 35°F	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
	None at this time		

Note: Walkin cooler/freezer not operating 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 (SOPs). These items are to be corrected by the next regular inspection or as stated.	Correct by (date)	Initial
0-202.14	No self-closing door to restrooms		NRI

NRI = next routine inspection

EDUCATION PROVIDED OR COMMENTS  
 Discussed sanitation, consumer advisory, and employee policies.

Person in Charge/Title Marcus Pulley	Date: 9-14-2020
Inspector: Jodie Marcin	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Telephone No. 513-183-2191	Follow-up Date:
EPHS No. 1681	