



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

TIME IN	12:32 pm	TIME OUT	3:02 pm
DATE	March 1, 2017	PAGE	1 of 3

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: Casey's	OWNER: Casey's General Stores, Inc.	PERSON IN CHARGE: Kelly Thompson
ADDRESS: 1100 North Desloge Drive	ESTABLISHMENT NUMBER: 0788	COUNTY: St. Francois
CITY/ZIP: Desloge 63601	PHONE: (573)431-2416	FAX: (573)431-2416
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input checked="" type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input checked="" type="checkbox"/> DELI SUMMER F.P. <input type="checkbox"/> GROCERY STORE TAVERN <input type="checkbox"/> INSTITUTION TEMP.FOOD <input type="checkbox"/> MOBILE VENDORS		
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
<input checked="" type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	✓			Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> YES	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination				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		
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized	✓					
<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

Person in Charge /Title: <i>Kelly Thompson</i> Kelly Thompson	Date: March 1, 2017		
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Follow-up Date: March 3, 2017



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Casey's		ADDRESS 1100 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Walk-in cooler, ambient		32	Hot hold cabinet: ambient, potatoes, pizza bites		165, 146, 146
Walk-in freezer, ambient		2	Hot hold cabinet: ambient, pizzas		135, 135, 135
Cream dispenser: half & half, vanilla		37, 38	Pizza prep table, top: pepperoni, hamburger, sausage		41, 39, 41
			Pizza prep table, bottom: ambient, egg, ham		45, 33, 46

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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2-201.11B	The person preparing food, when asked how he was, said he was tired because he was sick and was throwing up this morning. When I discussed this with the manager, she said she was not aware that he was ill. Manager sent employee home. Please train all employees on when they are excluded or restricted from food service, depending on their illness symptoms. CORRECTED ON SITE by sending employee home and discussion with manager.	COS	KT
2-201.11	Manager provided a written employee illness policy that covered employees that are diagnosed with a foodborne illness or are jaundiced. Please expand the policy to include symptoms requiring exclusion or restriction that complies with chapter two of the Missouri Food Code. Alternatively, use the FDA Employee Personal Health and Hygiene Handbook to develop a written policy. Refer specifically to 2-201.11, 2-201.12, and 2-201.13 of the Missouri Food Code and/or relevant pages in the FDA Handbook (see pages 5-17, 33-38).	3/3/17	
2-201.12			
2-201.13			
4-601.11A	A mixer, stored on top of the prep table, was observed with dried food batter on it; this may fall into food when mixer is in use. Food contact surfaces shall be cleaned and sanitized after use. Please wash, rinse, and sanitize all parts of mixer after use. CORRECTED ON SITE by cleaning.	COS	
4-601.11A	According to manager, in-use knives used to cut pizza are cleaned every shift. In-use utensils shall be washed, rinsed, and sanitized a minimum of every four hours. CORRECTED ON SITE by discussion with manager.	COS	
4-601.11A	Mold observed on the inside of the nozzle of the soda dispenser. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize nozzles daily.	3/1/17	

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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4-204.112	The integral thermometer on the BK Industries hot hold cabinet was nonfunctional. There was no thermometer on the inside of the unit. Hot hold units shall have an accurate thermometer placed in a convenient-to read location in the coolest part of the unit. COS by installing thermometer.	COS	KT
6-501.14A	Dust observed on both floor fans in the kitchen area. Ventilation systems shall not be a source of contamination. Please clean all parts of fan as often as needed to keep clean.	3/15/17	
4-601.11C	Accumulation of debris on some of the white shelf liners holding milk in the walk-in cooler. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean shelf liners.	3/15/17	
5-205.11A	A coffee brewer was draining in the handwashing sink, making the sink inaccessible. Handwashing sinks shall be used only for handwashing, and shall be accessible at all times. Please ensure all employees know to not use the handwashing sink for any purpose other than handwashing.	3/1/17	
6-202.11A	Two bulbs were not shielded on the customer side of the walk-in cooler. Bulbs shall be shielded or shatter resistant. Please install shields on bulbs.	3/15/17	
4-601.11C	Accumulation of debris observed in the walk-in freezer beneath the shelves holding ice cream, and on the customer side, on the ledges and bottom door seals. Please clean floor, ledges, and seals.	3/15/17	
6-501.12A			

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Kelly Thompson</i>		Kelly Thompson		Date: March 1, 2017	
Inspector: <i>Rose Mier</i>	Rose Mier	Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Date: March 3, 2017



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ESTABLISHMENT NAME Casey's		ADDRESS 1100 North Desloge Drive		CITY /ZIP Desloge 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° 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	The following medicines, stored in the retail aisle, were past their expiration dates: five packages of vitamin C (exp. 9/16); 3 packages of Alka Seltzer (exp. 12/16); and 1 package of cold relief (exp. 7/16). Food and medicines shall be safe. Please dispose or place in designated area for return to distributor. COS by destroying	COS	KT
5-203.14A	The drain hose for the water softener, and a drain hose for the filter, ended below the rim of the mop sink. Water shall be protected from contamination from backflow. Please provide an air gap between the ends of the hoses and the rim of the mop sink. The air gap shall be two times the diameter of the hose, but no less than 1".	3/3/17	
3-306.11	Loose apples on display at the cash register were not protected. Food that is on display shall be protected from contamination. Please place apples under a cover, shield, or wrap if left on display to prevent contamination from customers.	3/2/17	
3-501.16A	Food held in the bottom of the pizza prep table had internal temperatures ranging from 32F to 49F. The ambient temperature was 45F. All food that had temperatures 43F to 49F were voluntarily discarded by management. This included ham, pulled pork, bbq beef, canadian bacon, cut tomatoes, chicken, spinach dip, cheese sauce, burrito mix. The thermostat on the unit was lowered. The final temperature was	3/2/17	

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6-501.14A	Dust observed on the covering over the fan in the bathroom. Please clean vent as often as needed to keep clean.	3/15/17	KT
6-501.11	The caulk between the wall and the handwashing sink in the bathroom was deteriorating. Please replace to keep seal watertight.	3/15/17	
4-903.11A	Single-use pizza boxes and cups were on the floor in the outside storage shed. Single-use items shall be stored a minimum of six inches off the floor. Please elevate boxes.	3/2/17	

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Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)-431-1947	EPHS No. 1390
Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: March 3, 2017