



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

|         |               |          |          |
|---------|---------------|----------|----------|
| TIME IN | 8:13 am       | TIME OUT | 10:39 am |
| DATE    | Nov. 20, 2015 | 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:<br>Cassey's General Store #2069   | OWNER:<br>Casey's General Stores, Inc.  | PERSON IN CHARGE:<br>Hazel Winebarger  |
| ADDRESS:<br>805 Benham Street   | ESTABLISHMENT NUMBER:<br>180  | COUNTY:<br>187   |
| CITY/ZIP:<br>Bonne Terre 63628  | PHONE:<br>(573)358-7643   | FAX:<br>none   |
| PURPOSE: <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____  |   |  |
| ESTABLISHMENT TYPE:<br><input type="checkbox"/> BAKERY RESTAURANT <input checked="" type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input 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:<br><input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable<br>License No. <u>applied</u>  | SEWAGE DISPOSAL:<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE | WATER SUPPLY:<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>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"/> IN <input 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                        |     |   |
| <b>Employee Health</b>   |   |     |   | <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"/> IN <input 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 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                             |     |   |
| <b>Good Hygienic Practices</b>   |   |     |   | <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"/> IN <input 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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                             | No discharge from eyes, nose and mouth  |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   | Time as a public health control (procedures / records)      |     |   |
| <b>Preventing Contamination by Hands</b>   |   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | <b>Consumer Advisory</b>                                    |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O                             | Hands clean and properly washed   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | Consumer advisory provided for raw or undercooked food      |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO                              | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |  | <b>Highly Susceptible Populations</b>                       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Adequate handwashing facilities supplied & accessible                                       |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   | Pasteurized foods used, prohibited foods not offered        |     |   |
| <b>Approved Source</b>   |   |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A   | <b>Chemical</b>   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Food additives: approved and properly used                  |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO <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 type="checkbox"/> OUT  | Food in good condition, safe and unadulterated  |     |   |  | <b>Conformance with Approved Procedures</b>                 |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |     |   | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> 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.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>COS = Corrected On Site      R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                             | Food separated and protected  |     |   |  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A                             | Food-contact surfaces cleaned & sanitized   |     |   |  |   |     |   |
| <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> NO                              | 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                       |     |   |
| <b>Food Temperature Control</b>         |                                     |   |                                     |   | <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   |                                     |   | <b>Utensils, Equipment and Vending</b> |                                     |   |     |   |
| <input type="checkbox"/>                | <input checked="" type="checkbox"/> | Thermometers provided and accurate  | <input checked="" type="checkbox"/> |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
| <b>Food Identification</b>              |                                     |   |                                     |   | <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  |     |   |
| <b>Prevention of Food Contamination</b> |                                     |   |                                     |   | <b>Physical Facilities</b>             |                                     |   |     |   |
| <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 checked="" type="checkbox"/>     | <input 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"/>            |   |                                     |   | <input checked="" type="checkbox"/>    | <input type="checkbox"/>            | Physical facilities installed, maintained, and clean                                  |     |   |

|   |                  |                                |   |
|---|------------------|--------------------------------|---|
| Person in Charge /Title:<br><i>Hazel Winebarger</i> | Hazel Winebarger | Date:                          | November 20, 2015   |
| Inspector:<br><i>Rose Mier</i>                      | Rose Mier        | Telephone No.<br>(573)431-1947 | EPHS No.<br>1390  |
|   |                  | Follow-up:                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|   |                  | Follow-up Date:                | Dec. 8, 2015  |



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| ESTABLISHMENT NAME<br>Cassey's General Store #2069 | ADDRESS<br>805 Benham Street | CITY /ZIP<br>Bonne Terre 63628 |
|--|------------------------------|--------------------------------|

| FOOD PRODUCT/LOCATION           | TEMP. in ° F | FOOD PRODUCT/ LOCATION              | TEMP. in ° F |
|---------------------------------|--------------|-------------------------------------|--------------|
| Ambient, Pizza hot hold cabinet | 178          | Ambient, sandwich hot hold cabinets | 181          |
| Ambient, Sandwich prep table    | 37           | Ambient, sandwich prep table        | 35           |
| Ambient, walk-in cooler         | 33           | Ambient, walk-in freezer            | 0            |
| Ambient, iced coffee dispenser  | 39           | Ambient, retail cooler              | 41           |
| Ambient, cream dispenser        | 35           | Ambient, water, steam table         | 110          |

| Code Reference | PRIORITY ITEMS | Correct by (date) | Initial |
|----------------|----------------|-------------------|---------|
|----------------|----------------|-------------------|---------|

|           |   |          |                                |
|-----------|---|----------|--------------------------------|
| NOTE      | The purpose of this inspection was to ensure the extensively renovated facility was ready to begin service. The renovation consisted of adding an area for preparing sandwiches to order. This consisted of two cold hold prep tables, steam hot hold wells, vegetable preparation area, new walk-in cooler and walk-in freezer, warming cabinet, and retail cooler for food prepared and packaged on site. Also included in the renovation was the addition of a soft serve maker, lcee maker and new beverage bar. At the time of this visit, the soft serve machine and lcee machine had not been received. The store was closed for approximately 3.5 days to complete the renovation. This inspection consisted only of the new equipment and renovated areas in the facility. |          |                                |
| 4-601.11A | According to staff, the robot coupe vegetable slicer will be rinsed between different types of produce. Tomatoes, lettuce, green peppers, onions, etc. will be cut on this slicer. Because cut tomatoes and lettuce are potentially hazardous foods, the slicer shall be washed, rinsed, sanitized, and air dried a minimum of every four hours while in continual use when these foods are cut. CORRECTED ON SITE by discussion of rule  | COS      | <i>[Handwritten Signature]</i> |
| 3-501.17A | The coffee mix in the iced coffee dispenser was marked for a 14 day disposal date. The ingredients of this mix included milk. According to the manager, the manufacturer stated this product is stable after opening for 14 days. Steven jSoza of KanPak, product manufacturer, provided an email stating the product is aseptic and has a shelf life of 14 days after opening. Further documentation will be requested from the manufacturer concerning this issue.  | 11/27/15 |                                |

| Code Reference | CORE ITEMS | Correct by (date) | Initial |
|----------------|------------|-------------------|---------|
|----------------|------------|-------------------|---------|

|           |   |     |  |
|-----------|---|-----|--|
| 4-203.12B | The ambient temperature of the pizza hot hold cabinet was 178F and that of the sandwich hot hold cabinet was 181F. The digital temperature readouts on the outside of the units were 157F and 153F, respectively. Thermometers shall be accurate within +/- 3F. Please install an accurate thermometer inside each of these units. If possible, calibrate the digital thermometers to display accurate temperatures. CORRECTED ON SITE by installing thermometers inside the units. | COS |  |
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| EDUCATION PROVIDED OR COMMENTS |  |  |  |
|                                |  |  |  |

|  |                  |  |
|--|------------------|--|
| Person in Charge /Title:<br><i>[Signature]</i> | Hazel Winebarger | Date:<br>November 20, 2015   |
| Inspector:<br><i>[Signature]</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: Dec. 8, 2015   |



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| FOOD PRODUCT/LOCATION | TEMP. in ° F | FOOD PRODUCT/ LOCATION | TEMP. in ° F |
|-----------------------|--------------|------------------------|--------------|
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |

| Code Reference | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b> | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
|----------------|--|-------------------|---------|

|           |   |         |           |
|-----------|---|---------|-----------|
| 5-203.14B | Backflow prevention was not observed on the Bunn tea brewer or the Bunn coffee makers, or the Cappuccino/hot chocolate dispenser. In addition, the Isee machine, still to be received, will be connected to water. Potable water shall be protected from contamination from backflow or back siphonage. Please install an American Society of Sanitary Engineering (ASSE) rated backflow prevention device on the water lines into each of these machines in a convenient to see location OR provide documentation and labeled schematics that the unit is equipped with internal backflow prevention. NOTE: During this visit, I spoke via phone to the plumber who installed these units. I explained what was required on each unit. He stated he will acquire the devices and install them. | 12/8/15 | <i>HM</i> |
|-----------|---|---------|-----------|

| Code Reference | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b> | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|----------------|---|-------------------|---------|

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EDUCATION PROVIDED OR COMMENTS

|   |                  |  |
|---|------------------|--|
| Person in Charge /Title:<br><i>Hazel Winebarger</i> | Hazel Winebarger | Date:<br>November 20, 2015   |
| Inspector:<br><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: Dec. 8, 2015   |