



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

TIME IN	1:15 pm	TIME OUT	3:45 pm
DATE	June 17, 2015	PAGE	1 of 4

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: Circle K	OWNER: Mac's Convenience Stores	PERSON IN CHARGE: Rita Becker
ADDRESS: 1015 Highway K	ESTABLISHMENT NUMBER: 4637	COUNTY: 187
CITY/ZIP: Bonne Terre 63628	PHONE: (573)358-7907	FAX: (573)358-7907
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 <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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License No. _____	SEWAGE DISPOSAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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"/> N/O <input type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands				Consumer Advisory		
<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 type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source				Chemical		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> COS <input type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			Conformance with Approved Procedures		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input 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"/> IN <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"/> 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		
		Food Temperature Control				<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>	Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food properly labeled; original container				<input checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored				<input checked="" 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 checked="" 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>Rita Becker</i>	Rita Becker	Date:	June 17, 2015
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:	June 23, 2015



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ESTABLISHMENT NAME Circle K		ADDRESS 1015 Highway K	CITY /ZIP Bonne Terre 63628
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Ambient, sandwich hot hold case		170	Ambient, Creamer dispenser
Ambient, Federal cooler		38	Ambinet, nacho topping dispenser
Ambient, Novelty ice cream freezer		0	Ambient, walk-in beer cooler
Ambient, walk-in freezer		0	Ambient, walk-in beverage/dairy cooler
Ambient, pizza prep cooler, bottom		32	Ambient, pizza prep cooler, top

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
7-201.11B	A case of Franzia wine, whisky, and single use cup holders were stored next to automobile chemicals on the mobile rack in the drive-up area. Toxics shall be stored separately from food and single-use items. Please move wine and cup holders to a location protected from contamination by chemicals. CORRECTED ON SITE by placing food above chemicals and discarding cup holders.	COS	
7-201.11B	A box of Bunn coffee filters was stored below chemicals in the cabinet holding the pizza display hot hold case. Single-use items may not be stored below chemicals. COS by moving filters.	COS	
7-204.11	The chlorine concentration in the sanitizer bucket stored at the sink in the self-service area was greater than 200 ppm. Please use test strips to ensure sanitizer solutions have chlorine concentrations between 50 and 100 ppm. COS by remaking solution to 50-100 ppm chlorine	COS	
4-601.11A	Food spill observed inside the customer use Amana microwave. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize a minimum of every four hours.	6/17/15	
NOTE	The hot hold display case for pizza was not functional. According to manager, pizzas are not cooked to hold hot at this time. Service has been requested; a part is in transport.		
NOTE	The large ice maker was not functioning. Service has been requested for it. Please wash, rinse, and sanitize after service is complete and before using.		
NOTE	The True freezer had an ambient temperature of 30F. There was no food held in this unit. Please do not use unit until it reliably holds food frozen.		

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
5-205.11B 5-205.11A	The handwashing sink in the deli service area was blocked with a bucket of cleaner in the vat and "Caution, Wet Floor" cones stored in front of the sink. Also, Bug Blitzer and instructions for mixing the cleaner was stored on the sink. Handwashing sinks shall be used only for handwashing and kept accessible at all times. Please ensure employees use sink only for handwashing and keep it accessible. COS by removing items and discussion with employees	COS	
6-301.14	There was no sign to remind employees the importance of handwashing at the sink at the deli service area. Please install sign. COS by installing sign	COS	
4-601.11C	Accumulation of debris observed on the counter under the Pepsi dispenser in the drive-up area. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean. CORRECTED ON SITE by cleaning.	COS	
3-304.14B	A wet cloth was stored beneath the customer Coke soda dispenser. In-use, wet cloths shall be stored in sanitizer between uses. Please store in bucket of sanitizer.	6/17/15	
4-302.14	The last sanitizer test strip was used while remaking sanitizer solution. Please ensure test strips are available for checking concentration of sanitizer.	6/20/15	
6-301.14	There was no sign to remind employees to wash their hands in the women's bathroom. Please install a sign. COS by installing sign	COS	
4-903.11A	Boxes of single-use cups, napkins, and cup carriers were stored on the floor on the roof of the walk-in cooler. Please store single-use items at least 6 inches off the floor.	6/20/15	

EDUCATION PROVIDED OR COMMENTS

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Ambient, True freezer		30	Ambient, Delfield cooler	
Ambient, Coke cooler		36		

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4-601.11A	Mold growth observed on dispensing heads, nozzles, and housing around heads on the customer self-serve soda dispensers. Please wash, rinse, and sanitize nozzles and areas around nozzles daily.	6/17/15	RB
3-202.15	A can of DelMonte corn was badly dented on the bottom seam, jeopardizing the integrity of the contents. Packaging shall protect the contents. Please discard or place in designated area for return to distributor. CORRECTED ON SITE by discarding.	COS	
3-302.11A	Raw shell eggs were stored above ready-to-eat food in the walk-in beverage cooler. Raw foods shall be stored separately or below ready-to-eat foods. Please place eggs on bottom shelf.	6/17/15	
3-302.11A	Raw shell eggs were stored above ready-to-eat food in the pizza prep cooler. Please store raw foods separately or below ready-to-eat foods. COS by moving eggs to walk-in cooler	COS	
3-501.17A	Pizza toppings that were stored in the bottom of the pizza prep cooler in containers (removed from the original packaging) were not date-labeled. Potentially hazardous, ready-to-eat food that is held for more than 24 hours shall be labeled with a seven-day discard date (the date of preparation or opening of commercial package plus an additional six days). Please date label.	6/17/15	
2-401.11A	Employee was observed eating nachos while checking food at cash register. Employees shall eat, drink, and use alcohol only in designated areas where food cannot be contaminated, and shall wash hands before returning to work. Please ensure employees know when to wash hands and where to eat, drink, or use tobacco products.	6/17/15	
2-301.14D			

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4-903.11A	Insulation observed on boxes of single-use items, shelves, and floor of the roof of walk-in coolers (storage on top of walk-ins). Single-use items shall be protected from contamination. Please clean all insulation and discard single-use items contaminated with insulation.	6/23/15	RB
5-205.11A	The handwashing sink by the ice makers was filled with items to be returned to the distributor and the access was blocked with product stacked in front. Handwashing sinks shall be accessible at all times. Please remove items from vat and clear front access. COS by clearing area	COS	
6-301.14	There was no handwashing sign at the sink by the ice makers. Please install sign. COS	COS	
5-205.11A	A spray bottle of window cleaner was stored in the vat of the handwashing sink in the kitchen. Please use handwashing sinks only for handwashing and keep accessible at all times. COS	COS	
6-301.14	There was no sign to remind employees to wash hands at the handwashing sink in the kitchen. Please install sign. COS by installing sign	COS	
4-601.11C	Accumulation of debris observed under the shelves in the walk-in cooler holding dairy and beverages. Please clean as often as needed to keep clean.	6/23/15	
4-601.11C	Accumulation of debris observed on the ribs of the hood above the flat grill and deep fryers. Please clean as often as needed to keep clean.	6/23/15	
4-601.11C	Accumulation of debris observed on the wire shelf mounted on the wall above the Impinger oven in the kitchen. Please clean as often as needed to keep clean.	6/23/15	

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ESTABLISHMENT NAME Circle K	ADDRESS 1015 Highway K	CITY /ZIP Bonne Terre 63628
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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
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6-501.18	The handwashing sink in the men's bathroom was dirty. Please clean as often as needed to keep clean.	6/17/15	RB
6-501.12A	The toilet in the men's bathroom was dirty (bowl, under seat). Please clean as often as needed to keep clean.	6/17/15	
5-501.115	Accumulation of litter and unused equipment observed in the outside dumpster storage area. Please clean and remove unused equipment to reduce pest storage areas.	6/23/15	
5-501.114	There was no plug in the drain of the outside dumpster. Please have refuse company install a plug in the drain.	6/23/15	
5-501.113	The lid was open on the outside dumpster. Please keep lids closed to reduce pest attraction.	6/17/15	

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