



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

TIME IN 7:45 am	TIME OUT 10:52 am
DATE April 23, 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: Sherry's Quick Mart	OWNER: Sherry and David Fishbeck	PERSON IN CHARGE: Kelsie O'Harver
ADDRESS: 3229 Highway 221 / PO Box 280	ESTABLISHMENT NUMBER: 0237	COUNTY: 187
CITY/ZIP: Doe Run 63637	PHONE: 573.756.3539	FAX: 573.756.3712
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		P.H. PRIORITY : <input checked="" type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
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 type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> PRIVATE		
WATER SUPPLY <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled 4/23/15 Results Pending _____		

**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"/> OUT N/O N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>				<b>Consumer Advisory</b>		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <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 checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	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		
	<b>Approved Source</b>				<b>Chemical</b>		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> Q/C <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T	Toxic substances properly identified, stored and used		
<input checked="" 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"/> N/O <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. 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 type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> Q/T <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 type="checkbox"/>	<input checked="" 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				<input checked="" type="checkbox"/>	<b>Utensils, Equipment and Vending</b>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		<b>Prevention of Food Contamination</b>				<input checked="" type="checkbox"/>	<b>Physical Facilities</b>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge/Title: <i>[Signature]</i>	Kelsie O'Harver	Date: April 23, 2015
Inspector: <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: May 14, 2015



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Sherry's Quick Mart		ADDRESS 3229 Highway 221 / PO Box 280		CITY / ZIP Doe Run 63637		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Ham, Prep table top		42	Turkey, prep table top		41	
Roast, prep table top		42-43	Cut tomatoes, prep table top		41	
Sausage, pizza prep table		33	Hamburger, pizza prep table		22	
Pepperoni, pizza prep table		30	Ambient, prep table, bottom		40	
Sausage, hot hold		145	Gravy, hot hold		143	
Code Reference	<b>PRIORITY ITEMS</b> 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
2-301.14	Cook was observed putting on single-use gloves without first washing his hands. This was observed between glove uses and after placing dirty dishes in the sink. Employees shall wash hands before putting on gloves and after handling dirty equipment. Please ensure employees know when to wash hands.				4/23/15	[Handwritten Initials]
4-601.11C	Dried food splatters observed on the inside top of the Hamilton Beach microwave. Food contact surfaces shall be washed, rinsed, sanitized at least every four hours while in continual use, more often if needed to keep clean. Please clean.				4/23/15	
7-204.11	The concentration of sanitizer in the solution in the 3-vat sink was greater than 400 ppm. Manufacturer's label stated sanitizer should be 150 to 400 ppm. Please adjust dispenser so achieve sanitizer concentration between 150 and 400 ppm.				4/23/15	
3-701.11A	According to cook, the water used to dip food during the breading process was changed daily. Please dump water, then wash, rinse, sanitize container at least every four hours.				4/23/15	
7-204.11	The concentration of chlorine in the sanitizer solution stored in a container by the kitchen handwashing sink was greater than 200 ppm. Please use test strips to ensure chlorine concentration is between 50 and 100 ppm in sanitizer solutions.				4/23/15	
Code Reference	<b>CORE ITEMS</b> 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
6-301.12	There were no paper towels available at the kitchen handwashing sink. Paper towels shall be provided through a dispenser at all times at handwashing sinks. Please provide towels dispensed in a sanitary method.				4/28/15	[Handwritten Initials]
4-601.11C	Accumulation of debris observed in the top creases of the door seals on the prep cooler. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean.				4/23/15	
6-202.11A	The shield over the bulb in the hot hold deli display case was not secured in the endcaps. Bulbs shall be fully shielded in areas where there is exposed food. Please shield bulb.				4/28/15	
4-101.19	Bare wood was exposed where paint was worn away on the cabinet holding the deli hot hold display case. Equipment that requires frequent cleaning shall be smooth and nonabsorbent. Please seal all exposed areas of wood.				5/14/15	
3-304.12B	The handles of scoops stored in the bulk containers holding flour and cornmeal were in contact with the food. In-use utensils shall be stored with their handles above the surface of the food in bulk containers of non-potentially hazardous food. Please clean scoops and store handles up.				4/23/15	
5-205.15B	A leak was observed beneath the sanitizer vat of the 3-vat sink. Plumbing shall be maintained in good condition. Please repair.				4/28/15	
EDUCATION PROVIDED OR COMMENTS						

Person in Charge /Title:		Kelsie O'Harver		Date: April 23, 2015	
Inspector:	Rose Mier	Telephone No.	EPHS No.	Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		(573)431-1947	1390	Follow-up Date:	May 14, 2015



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ESTABLISHMENT NAME Sherry's Quick Mart	ADDRESS 3229 Highway 221 / PO Box 280	CITY / ZIP Doe Run 63637
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F
Hash brown potatoes, hot hold	142	Ambient, hot hold deli display case	140
Ambient, Haier chest freezer	10	Ambient, North Star ice cream freezer	10
Ambient, pizza hot hold cabinet	195	Ambient, sandwich hot hold cabinet	142
Ambient, True retail deli cooler	42	Ambient, Gehl cheese dispenser	137
Ambient, Dipin Dots freezer	0	Ambient, True freezer	2

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

4-601.11A	Mold growth observed on the deflector of the Manitowac ice maker. Food contact surfaces shall be clean to sight and touch. Please remove ice, wash, rinse, sanitize, and air dry before returning to service.	4/25/15	<i>W</i>
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Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

4-601.11C	Debris observed in drawers and cabinet below the soda dispenser in the drive-up area. Nonfood contact surfaces shall be clean. Please clean as often as needed to keep clean.	4/28/15	<i>W</i>
6-403.11A	Employee cigarettes and phone were stored adjacent to single-use items on a rack in the kitchen. Employee personal items shall be stored in a designated location where food, single use items, clean linens, and clean equipment cannot be contaminated. Please ensure employees have a designated location for personal items.	4/23/15	
3-602.11B	Salads packaged on-site for retail, and held in the True retail cooler, were not labeled correctly. Food packaged on-site, or repackaged, for retail shall be labeled with (a) the common name of the food; (b) if made from 2 or more ingredients, a list of ingredients in descending order of predominance by weight, including artificial color, flavors, and preservatives; (c) the quantity; (d) the name and place of business; (e) each major food allergen. Note that the ingredients list shall include ingredients of each component (such as in ham and in cheese). Please pull from retail until labeled correctly.	5/14/15	
4-204.112 A	A thermometer was not found in the True open-front cooler. Thermometers shall be placed in coolers in a convenient-to-read location in the warmest part of the unit. Please install.	4/28/15	
3-602.11B	Ice that was bagged on site was not correctly labeled. Please include on the label the name and place of business.	5/14/15	

EDUCATION PROVIDED OR COMMENTS

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Person in Charge /Title: *[Signature]* Kelsie O'Harver Date: April 23, 2015

Inspector: *Rose Mier* Rose Mier Telephone No. (573)-431-1947 EPHS No. 1390 Follow-up:  Yes  No Follow-up Date: May 14, 2015



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ESTABLISHMENT NAME Sherry's Quick Mart		ADDRESS 3229 Highway 221 / PO Box 280		CITY /ZIP Doe Run 63637	
FOOD PRODUCT/LOCATION Ambient, walk-in freezer, outdoors		TEMP. in ° F 10	FOOD PRODUCT/ LOCATION Ambient, walk-in cooler		TEMP. in ° F 41
Code Reference		<b>PRIORITY ITEMS</b> 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)
5-102.11A		This facility is on a non-community well regulated by the Department of Natural Resources. A permit to dispense was not available upon request. Non-community water supplies shall have a valid permit to dispense water obtained from DNR. A current copy of the permit must be available to the regulatory office. Please provide a copy of a valid permit to dispenser water.			5/14/15
NOTE		A copy of the results from the most recent (April 6, 2015) water sample submitted to DNR was provided upon request. A water sample was collected during this visit.			
5-403.11B		This office received notice that this facility was in violation of the Missouri Clean Water Law, issued by the Department of Natural Resources on April 3, 2015. The OWTS was inspected during this visit; the following observations were made: vegetation was growing on the media (sand filter), effluent was surfacing on the top of the media, the semi trailer was not blocking access to the filter bed; what appeared to be effluent was observed around the base of an access port or vent. A lock was on one of the two areas for locks on the control panel; the high water alarm was tested and observed to be functional. On site wastewater treatment systems shall meet state requirements. NOTE: According to owner, a company has been hired to bring the system up to state required standards.			5/14/15
Code Reference		<b>CORE ITEMS</b> 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)
5-202.12		There was no cold water available at the handwashing sink in the women's bathroom. Handwashing sinks shall be equipped with hot (100F minimum) and cold running water. Please repair to have both hot and cold water at this sink.			5/14/15
6-501.14A		An accumulation of dust was observed in the grate over the mechanical vent in the women's bathroom. Ventilation systems shall be kept clean. Please clean as often as needed to keep clean.			4/28/15
5-501.17		The trash can in the women's bathroom lacked a lid. Bathrooms used by females shall have lidded trash receptacle. Please supply.			4/28/15
6-101.11A		Broken tile at step up into register area. Floor shall be smooth, cleanable, and nonabsorbent. Please repair.			5/14/15
6-202.15A		The hole through the wall where the drive-up hose enters the building was not sealed. Please seal to reduce pest entry points.			5/14/15
6-303.11A		The light in the outside walk-in freezer was not working. Lighting shall be adequate for cleaning. Please replace bulb or repair or replace unit.			4/28/15
3-305.11A		Ice was dripping from the ceiling onto food packages, shelves, and floor in the outside walk-in freezer. Food shall be protected from contamination from splash. Please protect food by moving away from drippage, and repair unit to prevent drippage. Keep all surfaces free of ice.			5/14/15
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title: <i>Kelsie O'Harver</i>		Kelsie O'Harver		Date: April 23, 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: May 14, 2015	