



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

TIME IN	10:30 am	TIME OUT	12:20 pm
DATE	August 18, 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: Casey's General Store #1149	OWNER: Casey's General Store, Inc.	PERSON IN CHARGE: Amanda Cox
ADDRESS: 84 South Henry Street	ESTABLISHMENT NUMBER: 0812	COUNTY: 187
CITY/ZIP: Farmington 63640	PHONE: (573)701-0873	FAX: none
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 type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
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"/> MOBILE VENDORS <input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> SUMMER F.P. <input type="checkbox"/> TAVERN <input type="checkbox"/> TEMP.FOOD		
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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input 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"/> OUT	Management awareness; policy present			<input 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"/> OUT	Proper use of reporting, restriction and exclusion			<input 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"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" 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 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)		
	Preventing Contamination by Hands				Consumer Advisory		
<input checked="" 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 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 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"/> 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"/> YES <input type="checkbox"/> N/A	Food received at proper temperature			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated				Conformance with Approved Procedures		
<input 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> YES	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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food	<input checked="" type="checkbox"/>					

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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate			<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination				<input checked="" type="checkbox"/>	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"/>	<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 type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained		
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Amanda Cox</i> Amanda Cox	Date: August 18, 2015
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: Follow-up Date: Sept. 1, 2015
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



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

ESTABLISHMENT NAME Casey's General Store #1149		ADDRESS 84 South Henry Street		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION Ambient, walk-in cooler		TEMP. in ° F 39	FOOD PRODUCT/ LOCATION Ambient, walk-in freezer		TEMP. in ° F 0

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
3-501.18A	The following over-the-counter medicines stored on the retail shelf were past their expiration date: (3 pkgs) NyQuil, 2 liquicaps Sept. 2014; (4 pkgs) Alka Seltzer Plus, 4 tablets, Aug 2013, July 2014, Sept. 2014; (1 pkg) Bayer aspirin, 20 tablets, Nov. 2014; (1 pkg) Tylenol, 24 caplets, June 2015. Please regularly inspect over-the-counter medicines to be taken by mouth for their expiration dates. Please remove from retail all medicines past their expiration date and mark for return to distributor. CORRECTED ON SITE by removing medicines from retail by discarding.	COS	
4-601.11A	Mold growth observed on white deflector of ice maker. Food contact surfaces shall be clean to sight and touch. Please remove ice, wash, rinse, sanitize, and air dry the machine before returning to service.	8/20/15	
7-201.11B	A can of paint and a container of soap was stored above soda and bag-in-a boxes. Chemicals shall be stored separately from or below food. Please store these items where food cannot be contaminated.	8/18/15	
7-102.11	A spray bottle containing green liquid, stored beneath the 3-vat sink, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label.	8/18/15	

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
4-601.11C	Accumulation of debris observed in the cabinet beneath the soda dispenser. Nonfood contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean debris from cabinet and the splatters on the containers held in this cabinet.	8/20/15	
4-601.11C	Accumulation of debris observed in the trash can cabinet of the customer self-service counter. Please clean as often as needed to keep clean.	8/20/15	
6-202.11A	Two of the fluorescent bulbs in the front section of the wall coolers were not shielded. Please install shields and endcaps for these bulbs, OR install shatter-resistant bulbs.	9/1/15	
4-601.11C	Melted ice cream observed on the bottom white plastic shelf holding ice cream in the wall freezer. Please clean shelves.	8/20/15	
4-903.11A	The bottom shelf holding ice cream in the wall freezer was less than six inches off the floor. Food shall be stored a minimum of six inches off the floor. Please raise shelf.	8/20/15	
5-501.17	The lid on the trash can in the bathroom was no longer able to be closed. Bathrooms used by females shall have lidded trash cans. Please repair or replace trash can with lidded trash can.	9/1/15	
6-501.12A	Accumulation of debris observed on the floor and below shelves in the walk-in cooler and in the walk-in freezer. Please clean floors in both these units.	9/1/15	
4-903.11A	A box of single-use cups was stored on the floor below the ice bucket. Single-use items shall be stored a minimum of six inches off the floor. Please store cups on pallet or shelf.	8/19/15	

EDUCATION PROVIDED OR COMMENTS

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: Sept. 1, 2015	



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ESTABLISHMENT NAME Casey's General Store #1149	ADDRESS 84 South Henry Street	CITY / ZIP Farmington 63640
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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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6-501.12A	Accumulation of debris observed under the ice maker. Physical facilities shall be cleaned as often as needed to keep clean. Please clean under ice maker.	8/18/15	
6-301.12A	There were no disposable towels in the dispenser at the handwashing sink in the kitchen. Please supply handwashing sinks with towels dispensed in a sanitary manner at all times.	8/18/15	
6-501.18	An accumulation of debris was observed in the handwashing sink in the kitchen. This appeared to be bacterial or mold growth where water accumulated in the front of the vat. Handwashing sinks shall be kept clean. Please adjust sink so water drains correctly and keep sink clean.	8/20/15	
4-101.19	Paint was deteriorating on the outside and inside of the wall cabinet in the kitchen. Surfaces requiring frequent cleaning shall be smooth, nonabsorbent, and durable. Please resurface this cabinet to seal exposed wood to allow effective cleaning.	9/1/15	
6-501.11	Ceiling tile were missing next to the hood and above bag-in-boxes. Please replace ceiling tile.	9/1/15	
3-304.14B	A damp cloth was stored on the counter in the kitchen. Wet wiping cloths shall be stored in sanitizer between uses. Dry wiping cloths shall be placed for laundering once damp or soiled. Please store wet wiping cloths in sanitizer OR place in laundry after use.	8/18/15	
4-601.11C	Accumulation of debris observed inside the plastic utensil holder inside the top utensil drawer. Please wash, rinse, and sanitize the holder and the utensils inside the holder.	8/19/15	

EDUCATION PROVIDED OR COMMENTS

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4-101.19	Paint was chipping inside the cabinet below the donut fryer, exposing bare wood. Please repaint the inside surfaces of this cabinet to make it smooth, nonabsorbent, and easily cleanable.	9/1/15	
6-303.11A	The fluorescent bulb fixture was not functioning in the area by the ice maker. Please repair or replace to allow sufficient lighting for cleaning.	9/1/15	
6-303.11A	One light was not functioning in the walk-in cooler. Please replace bulb or repair/replace light fixture to allow sufficient lighting for cleaning.	9/1/15	

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