



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

TIME IN	8:42am	TIME OUT	12:05pm
DATE	7-13-18	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: Save-A-Lot	OWNER: David Hawkins	PERSON IN CHARGE: Jon Berry
ADDRESS: 110 Strauss Street	ESTABLISHMENT NUMBER: 0012	COUNTY: 187
CITY/ZIP: Park Hills, 63601	PHONE: 573-431-4311	FAX: 573-431-8918
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 type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input checked="" 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> YES	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			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"/> 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 type="checkbox"/> IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" 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		
		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				<input checked="" type="checkbox"/>	Utensils, Equipment and Vending		
<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		
		Food Identification			<input type="checkbox"/>	<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"/>	<input 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 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 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 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 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: 	Jon Berry	Date: July 13, 2018
Inspector: 	John Wiseman	Telephone No. (573)431-1947
	EPHS No. 1507	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: 7-27-18



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Save-A-Lot		ADDRESS 110 Strauss Street	CITY /ZIP Park Hills, 63601
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Meat cutting room ambient		44	RTE meat cases
Grinder room amb, raw pork		36, 39	Dairy reach-in cases, produce cases
Chicken room amb, raw chicken		28, 35	
Dairy walk-in cooler amb		36	
Fresh meat cases		36, 32	

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
3-302.11A	Coffin freezers: 10, 20, 0, 0, 20, 18, 16, 12, 10, 12, 16, 12 Wall freezers: 6, 4, 4, 8, 6	7-13-18	JB
3-302.11A	Cases of raw chicken were stored on top of raw pork in the walk-in freezer. Food shall be protected from cross contamination by arranging foods so that cross contamination of one type with another is prevented. Please store the raw chicken away from or below the raw pork.	COS	
3-302.11A	Packages of raw chicken were stored above raw pork in the fresh meat cases. Food shall be protected from cross contamination by arranging foods so that cross contamination of one type with another is prevented. COS by rearranging the foods.	7-13-18	
3-302.11A	Raw brats were stored above frozen pizza and egg rolls in the #3 wall freezer. Raw fish was stored above fully cooked shrimp in the #4 wall freezer. Raw cornish hens were stored above Banquet dinners and raw pork ribs in the #5 wall freezer. Cross contamination of food shall be prevented by storing raw animal foods away from or below ready to eat foods and storing raw poultry below all other foods. Please arrange these foods to prevent contamination.	COS	
3-202.15	Three cans of food with significant damage to the cans or seals were observed on retail shelving. Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contamination. COS by removing these items from commerce.		

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
6-301.12	Paper towels were not available in the dispenser at the hand wash sink in the meat cutting room. Hand wash sinks shall be adequately provisioned. Please provide paper towels at the sink.	7-27-18	JB
5-205.15B	Cold water was not available at the hand wash sink in the meat cutting room. A plumbing system shall be maintained in good repair. Please restore cold water to the sink.		
4-501.14B	A heavy accumulation of raw meat debris was observed on cleaning brushes above the three compartment sink in the meat cutting room. Equipment used for ware washing shall be cleaned at a frequency necessary to prevent recontamination of equipment. COS by discarding the brushes.	COS	
4-302.14	Sanitizer test strips for quaternary ammonia were not available at the three compartment sink in the meat cutting room. An appropriate test kit or device shall be available for determining correct sanitizer concentrations.	7-27-18	
4-501.11A	There is a hole in the bottom of the three compartment sink drainboard in the meat cutting room. Equipment shall be in good repair. Please replace the drainboard, or alternatively, place a cart or rack in the area to serve as a drying surface for cleaned and sanitized equipment.		
6-501.14A	A heavy accumulation of dust was observed on the fan covers of the cooling unit in the meat cutting room. Intake and exhaust vents and ducts shall be cleaned so they are not a source of contamination by dust, dirt, and other materials. Please clean the fan covers.		

EDUCATION PROVIDED OR COMMENTS

Person in Charge, Title: Jon Berry Date: July 13, 2018

Inspector: John Wiseman Telephone No. (573)431-1947 EPHS No. 1507 Follow-up: Yes No Follow-up Date: 7-27-18



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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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5-501.13	Cardboard boxes were being used as trash cans in the meat cutting room. Waste receptacles shall be durable, cleanable, insect/pest resistant, leak-proof and nonabsorbent. Please use a plastic trash can in the meat cutting room.	7-27-18	
4-903.11A	Single service foam meat trays were observed on the floor in the meat cutting room. Single service items shall be stored and handled in a manner that prevent contamination. COS by removing the trays from the floor.	COS	
6-501.12A	Dried blood splatters were observed on the walls in the grinder room. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean the grinder room walls.	7-27-18	
5-501.17	The restroom trash cans were not provided with a lid. Waste receptacles in restrooms used by females shall be provided with a lid. Please provide lidded trashcans in the restrooms.		
4-903.11A	Cases of paper towels were observed on the floor in the upstairs storage area. Single service items shall be protected from contamination by storing them at least six inches off of the floor.		
6-202.11A	Unshielded fluorescent light bulbs were observed installed in the fresh meat cases. Light bulbs installed in areas of food preparation and storage shall be shielded or shatter resistant. Please provide shielding for these bulbs.		
6-202.11A	Plastic shielding is damaged and does not fully enclose light bulbs installed in the ready to eat meat cases. Light bulbs installed in areas of food preparation and storage shall be shielded or shatter resistant. Please provide shielding for these bulbs.		

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6-202.11A	An unshielded light bulb was observed installed in the dairy reach-in case. Light bulbs installed in areas of food preparation and storage shall be shielded or shatter resistant. Please provide shielding for these bulbs.	7-27-18	
4-204.112	Thermometers were not observed in five of the twelve coffin freezers. Mechanically refrigerated food storage units shall be provided with a thermometer that is accurate to within three degrees F. Please provide thermometers for all zones of the coffin freezers.		
5-501.114	A plug was not installed in the drain hole of the facility dumpster. Drains in receptacles and waste handling units for refuse shall have drain plugs in place. Please install a plug in he dumpster.		

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