



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

TIME IN	11:00am	TIME OUT	12:46pm
DATE	7-5-17	PAGE	1 of 2

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 #1075	OWNER: Casey's General Store, Inc.	PERSON IN CHARGE: Allison Cremeens
ADDRESS: 601 St. Joe Drive	ESTABLISHMENT NUMBER: 0853	COUNTY: 187
CITY/ZIP: Park Hills, 63601	PHONE: 573-431-2874	FAX: 573-431-2874
PURPOSE: <input type="checkbox"/> Pre-opening <input checked="" 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 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 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 checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	Employee Health			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> OUT	Management awareness; policy present			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> N/A	Proper hot holding temperatures		<input checked="" type="checkbox"/>
	Good Hygienic Practices			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	Preventing Contamination by Hands			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT <input checked="" 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"/> OUT	Adequate handwashing facilities supplied & accessible			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered		
	Approved Source			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used		
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Required records available: shellstock tags, parasite destruction			<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with approved Specialized Process and HACCP plan		
	Protection from Contamination						
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food-contact surfaces cleaned & sanitized						
<input checked="" type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food						

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

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					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"/>	<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		
		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 checked="" type="checkbox"/>	<input 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 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"/>	Physical facilities installed, maintained, and clean		<input checked="" type="checkbox"/>

Person in Charge /Title: <i>ACREMEENS</i>	Allison Cremeens	Date:	July 5, 2017
Inspector: <i>John Wiseman</i>	John Wiseman	Telephone No.:	(573)431-1947
		EPHS No.:	1507
		Follow-up:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Follow-up Date:	



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FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME Casy's General Store #1075		ADDRESS 601 St. Joe Drive		CITY /ZIP Park Hills, 63601		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
Walk-in cooler		34				
Walk-in freezer		0				
Hot held hot dog		104-136				
Dairy creamer		39				
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
3-501.16A	Hot dogs in the roller/heater were measured at a temperature of 104F at 11:25am. Potentially hazardous foods held hot shall be maintained at a temperature of 135F or greater. The heating device was adjusted and the hot dog temperature measured at 136F at 12:30pm. Please adjust the hot dog roller temperature as necessary to maintain food temperatures of 135F or greater as verified by use of the facility food thermometer.				COS	AC
7-102.11	An unlabeled spray bottle of floor wax was observed below the hand wash sink. Working containers of cleaners shall be labeled with the common name of the material. COS by labeling the floor wax.				COS	
3-501.17A	Open packages of hot dogs and tornadoes were observed stored in the walk-in cooler without a discard date. The packages were marked with the open date. Potentially hazardous foods held refrigerated shall be marked with the day or date, not to exceed seven days total, by which time the food will be sold, consumed or discarded. COS by marking the food with a discard date.				COS	
3-701.11A	A package of Mucinex and a bottle of Childrens Tylenol stored on retail shelving, were observed to be past their expiration date. Pharmaceuticals which are past the manufacturer's expiration date shall be removed from sale. COS by discarding the medicines.				COS	
7-201.11	Containers of windshield wiper fluid and cleaning supplies were observed stored above toilet paper and paper towels on the dry storage racks. Toxic materials shall be stored so they cannot contaminate single service items. COS by moving the toxic materials to the lowest shelf.				COS	
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
6-501.12A	An accumulation of dirt was observed below the facility ice machine. Physical facilities shall be cleaned as often as necessary to keep them clean. COS by cleaning the floor below the ice machine.				COS	AC
6-202.14	The facility restroom door was observed to be open and is not equipped with a self-closing device. A toilet room located on the premises shall be completely enclosed and provided with a tight-fitting and self-closing door. Please install a self closing device on the restroom door.				Next routine	
5-501.113	The facility dumpster lid was observed to be open. Outside waste receptacles shall be kept covered. Please keep the dumpster lids closed to deter rodents and vermin.					

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: Allison Cremeens		Date: July 5, 2017
Inspector: John Wiseman	Telephone No. (573)431-1947	EPHS No. 1507
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date: