



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

TIME IN	12:41 pm	TIME OUT	2:18 pm
DATE	July 11, 2017	PAGE	1 of 3

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: Dollar General	OWNER: Dollar General Stores, Inc.	PERSON IN CHARGE: Johnathan Wonsewitz
ADDRESS: 5 North Wood Street	ESTABLISHMENT NUMBER: 4610	COUNTY: St. Francois
CITY/ZIP: Bonne Terre 63628	PHONE: 573/358-3549	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 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 checked="" 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 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"/> 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"/> 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"/> 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 checked="" 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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	Hands clean and properly washed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Highly Susceptible Populations		
<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			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Chemical		
<input checked="" type="checkbox"/> OUT	Food obtained from approved source			<input checked="" 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"/> N/A	Food received at proper temperature			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Conformance with Approved Procedures		
<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		
	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"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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						

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 type="checkbox"/>	<input checked="" 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 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 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		

Person in Charge / Title: <i>Johnathan Wonsewitz</i> Johnathan Wonsewitz	Date: July 11, 2017
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: July 24, 2017



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

ESTABLISHMENT NAME Dollar General		ADDRESS 5 North Wood Street		CITY /ZIP Bonne Terre 63628	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, chest ice cream freezer		2	Ambient, beverage coolers		39,38,42,41,36,
Ambient, wall beverage cooler		41	Ambient, beverage coolers		41, 34
Ambient, wall dairy cooler		39			
Ambient, wall deli meat cooler		39			
Ambient, wall freezers		3, 2, 20, 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
3-302.11A	Raw hamburger, shrimp, and salmon were stored above fully cooked foods in the wall freezer. Food shall be stored to prevent cross contamination. Please store all raw animal-derived foods below all other foods. Please store different kinds of raw animal-derived foods separately or in the following vertical order: raw poultry on bottom, then ground meats, then whole muscle meats, then fish and seafood. Please rearrange freezer to prevent cross contamination of food should the freezer malfunctions and the food thaws.	7/11/17	JW
3-202.15	The following cans of food in retail aisles were dented on one or more seams: Armour Treet, Sweet Sue chicken and dumplings, Clover Valley broccoli cheese soup, Clover Valley cream style corn. Food packaging shall protect the contents, and food shall be safe. Please remove cans from retail and place in designated area for disposal or returns. CORRECTED ON SITE by placing in designated area for mark out	COS	
3-701.11A	Food stored in Dollar General bags were found in the back of a wall cooler and a wall freezer. One bag was marked "left out too long" and was dated 5/23/17. Food that is unsafe and is to be disposed or returned shall be stored in a designated area and marked for disposal or return. Please do not store foods to be disposed or returned in a retail cooler; if the food is not safe, customers should not have access.	7/11/17	

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	Dead insects and debris observed on the ledges of the door glides on the ice cream chest freezer. Please clean and sanitize ledges to prevent contamination of food packaging.	7/12/17	JW
4-904.11A	Single-use foam plates were stored on the floor by the DG beverage cooler, near the front display of soda. Single-use items shall be stored a minimum of six inches off the floor. Please elevate plates off floor.	7/11/17	
3-305.11A	Frost was accumulating inside the chest ice cream freezer and falling onto packages. Food shall be protected while in storage. Please remove frost from freezer as often as needed to protect food packages.	7/16/17	
6-202.15A	Daylight was observed between the front entry doors. Outside entries shall be sealed to prevent pest entry. Please seal door.	7/24/17	
4-203.12B	The thermometer in the wall deli meat cooler read 32F when the actual temperature was 39F. Thermometers shall be accurate. Please install an accurate thermometer in this unit and discard the inaccurate thermometer.	7/12/17	
4-204.112	A thermometer was not found in the wall freezer holding TV dinners. Please place an accurate thermometer in a convenient-to-read location in the warmest part of this freezer.	7/12/17	
4-501.11A	The handle was missing on one door on the wall freezer holding TV dinners. Equipment shall be maintained in good repair. Please replace handle.	7/24/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge /Title: <i>Johnathan Wonsewitz</i> Johnathan Wonsewitz		Date: July 11, 2017
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: July 24, 2017



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

ESTABLISHMENT NAME Dollar General	ADDRESS 5 North Wood Street	CITY /ZIP Bonne Terre 63628
--------------------------------------	--------------------------------	--------------------------------

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
----------------	--	-------------------	---------

--	--	--	--

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
----------------	---	-------------------	---------

6-501.11	Stained ceiling tiles observed near the bathroom and above the wall freezer. Please ensure there is not a leak, then either paint or replace the tiles.	7/24/17	
6-501.12A	Dead insects and debris observed on the floor in the warehouse. Physical facilities shall be kept clean. Please clean floor, especially at the wall/floor juncture, while there is very little stored in the warehouse.	7/13/17	
5-501.114	There was no plug in the drain of the outside trash dumpster. Dumpsters shall be pest and leak-proof. Please request trash company to install a plug in the drain.	7/24/17	
6-501.114B	Accumulation of trash in the dock area on the outside of the building. Outside perimeter shall be maintained and free of litter. Please clean outside the building, especially the delivery dock area.	7/16/17	
6-501.18	The mop bucket and mop sink were dirty. Sinks shall be kept clean. Please clean mop bucket and sink after use.	7/12/17	
6-501.12A	The floor in the bathroom was dirty. Please clean floor, especially around water heater, toilet, and sinks.	7/24/17	
6-202.14	The door to the bathroom was not fully self-closing. Bathroom doors shall be self-closing. Please adjust or replace self-closing device to make the door fully self-closing.	7/24/17	

EDUCATION PROVIDED OR COMMENTS

--	--	--

Person in Charge /Title: <i>Johnathon Wonswitz</i> Johnathon Wonswitz	Date: July 11, 2017
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: July 24, 2017