



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

TIME IN	10:47 am	TIME OUT	12:50 pm
DATE	Sept. 6, 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: April Fritschle
ADDRESS: 425 Hunt Road	ESTABLISHMENT NUMBER: 4605	COUNTY: St. Francois
CITY/ZIP: Leadwood 63653	PHONE: (573)562-7518	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 _____		
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input type="checkbox"/> DELI SUMMER F.P. <input checked="" 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 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 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			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	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			<input 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 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 type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food in good condition, safe and unadulterated			<input 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 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						

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Nonfood-contact surfaces clean		
		Prevention of Food Contamination					Physical Facilities		
<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title:	<i>April Fritschle</i> April Fritschle	Date:	September 6, 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:	Sept. 22, 2017



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ESTABLISHMENT NAME Dollar General		ADDRESS 425 Hunt Road	CITY / ZIP Leadwood 63653
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION
Nestle ice cream chest freezer, ambient		0	Beverage coolers, ambient
Beverage coolers, ambient		40, 41, 42	Beverage wall coolers, ambient
Deli meat wall cooler, ambient		39	Dairy wall cooler, ambient
Wall freezers, ambient		0, 0, 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 pork sausage was stored above bacon, and fully-cooked breakfast sausage links were stored touching raw bacon, in the wall deli meat cooler. Raw ground meats shall be stored below whole muscle meats, and raw meats shall be stored above fully cooked foods to prevent cross contamination. Please store bacon above sausage, and move fully cooked sausage above all raw animal-derived foods.	9/6/17	AF
3-302.11A	Raw shrimp and crabmeat were stored above fully cooked beef and chicken, raw ground beef was stored above fully cooked beef, and fully cooked chicken was stored next to raw chicken in the wall freezer. Please store food in the following order: raw poultry on bottom, then raw ground meats (sausage, hamburger, tenderized meats), then whole muscle meats, then fish and seafood. All other foods are stored above these raw animal-derived foods. Please arrange food to prevent cross contamination.	9/6/17	
3-101.11	A can of Clover Valley chicken noodle soup was crimped-dented, and the bottom seam was dented. Food packaging shall protect the contents. Please mark can and place in a designated area for disposal or returns.	9/6/17	
3-501.18	The following over-the counter medicines were past their expiration date: Motrin infants' drops, 15 ml. (8/2017), DG children's cold and allergy, 4 oz. (7/2017), 2- Children's allegra allergy, 4 oz. (7/2017); 10- Motrin liquid gels (5/16 and 3/17), and infants' advil, 15 ml (9/2016). Note that not ALL medicines were checked. Please have staff check medicines monthly for expired dates. Please place the pulled medicines in a designated area for returns or disposal.	9/6/17	
7-201.11	Toxic items (laundry detergent, dish detergent, cleaners, etc) were stored on top of boxes of food in the warehouse. Please store chemicals and toxins separately from food and food-related single-use items.	9/6/17	

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
6-202.15A	Daylight was observed between and beneath the front entry doors. Outside openings shall be sealed. Please seal door to reduce pest entry points.	9/22/17	AF
3-305.11A	A build-up of frost was encroaching on food packages in the chest ice cream freezer. Food shall be protected from contamination while in storage. Please defrost chest freezer as often as needed to prevent frost accumulation.	9/22/17	
4-601.11C	Mold and debris observed on the ledges and sliding glass doors of the Nestle ice cream chest freezer. Please wash, rinse, and sanitize sliding doors and ledges as often as needed to prevent mold growth and debris accumulation.	9/7/17	
6-501.18	The water fountain was dirty and fruit flies were accumulated on it, possibly from a sweet drink being poured down the sink. When turned on, the water pressure caused the stream of water to arc over the side of the sink. Please clean sink at least daily, and adjust so the water pressure keeps the water inside the basin of the sink.	9/6/17	
6-501.14A	The portable floor fan, stored by the water fountain, was dirty. Ventilation systems shall not be a source of contamination. Please clean all surfaces of fan as often as needed to keep clean.	9/7/17	
6-501.12A	The floor in the area by the water fountain was dirty. Physical facilities shall be clean. Please clean floor as often as needed to keep clean.	9/22/17	
6-404.11	Cans of leaking beer were stored triple-wrapped in sticky, plastic bags on the floor by the water fountain. Food that is to be disposed or returned to distributor shall be stored in an area not accessible to consumers. Please move beer to an area where consumers have no access and store in a designated location for discard or returns.	9/6/17	

EDUCATION PROVIDED OR COMMENTS

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		EPHS No.	1390
		Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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ESTABLISHMENT NAME Dollar General	ADDRESS 425 Hunt Road	CITY / ZIP Leadwood 63653
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FOOD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT/ LOCATION	TEMP. in ° F

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4-601.11C	Mold growth was observed on the shelves inside the 3-door wall dairy cooler (holding milk, juice, tea, etc.), and the bottom shelf was dirty. Please clean and sanitize inside this cooler. as often as needed to keep clean.	9/22/17	AF
4-601.11C	Spilled liquid observed on the bottom shelf of the 2-door wall cooler holding sodas. Please clean shelf.	9/22/17	
4-204.112	A thermometer was not found inside the wall cooler holding beer. Thermometers reading from 0 to 220F in two degree increments shall be placed in an easy-to-read location in the warmest part of the cooler. Please install an accurate thermometer inside this cooler.	9/7/17	
4-601.11C	Debris observed on the bottom shelf of the deli meat wall cooler (holding eggs and gallon containers of drinks). Please clean shelf.	9/22/17	
6-501.12A	Accumulation of trash observed on the floor in the warehouse. Please clean floor as often as needed to keep clean.	9/22/17	
6-501.18	Women's bathroom: The toilet was dirty, the handwashing sink was dirty, the trash can lacked a lid, and paper towels were not dispensed in a sanitary manner. Toilets and sinks shall be kept clean, trash cans in women's bathrooms shall have a lid, and paper towels shall be dispensed through a sanitary dispenser. Please clean sink and toilet, provide a lidded trash can, and install a towel dispenser.	9/7/17	
6-501.12A	Men's bathroom: The toilet was dirty, the handwashing sink was dirty, the mop sink was dirty, there were no paper towels, and ceiling tile were stained. Please clean toilet, handwashing sink, mop sink; provide paper towels through a dispenser; ensure there are no leaks, then paint or replace stained ceiling tiles.	9/7/17	
6-501.18			
6-301.12			
6-501.14			

EDUCATION PROVIDED OR COMMENTS			

Person in Charge /Title:	April Fritschle	Date: September 6, 2017
Inspector:	Rose Mier	Telephone No. (573)-431-1947
	EPHS No. 1390	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Follow-up Date: Sept. 22, 2017