



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

TIME IN	11:07 am	TIME OUT	12:28 pm
DATE	July 6, 2017	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: Dollar General	OWNER: Dollar General Corporation	PERSON IN CHARGE: Angie Hernandez
ADDRESS: 804 Valley Creek Drive	ESTABLISHMENT NUMBER: 4603	COUNTY: St. Francois
CITY/ZIP: Farmington 63640	PHONE: 573/756-2850	FAX: none
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		P.H. PRIORITY : <input type="checkbox"/> H <input type="checkbox"/> M <input checked="" type="checkbox"/> L
PURPOSE <input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other _____		
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"/> <b>OUT</b>	Person in charge present, demonstrates knowledge, and performs duties			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooking, time and temperature		
	<b>Employee Health</b>			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper reheating procedures for hot holding		
<input checked="" type="checkbox"/> <b>OUT</b>	Management awareness; policy present			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> <b>OUT</b>	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper hot holding temperatures		
	<b>Good Hygienic Practices</b>			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O	No discharge from eyes, nose and mouth			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)		
	<b>Preventing Contamination by Hands</b>			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> N/A	<b>Consumer Advisory</b>		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Hands clean and properly washed			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Consumer advisory provided for raw or undercooked food		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> <b>OUT</b>	Adequate handwashing facilities supplied & accessible			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Pasteurized foods used, prohibited foods not offered		
	<b>Approved Source</b>			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	<b>Chemical</b>		
<input checked="" type="checkbox"/> <b>OUT</b>	Food obtained from approved source			<input checked="" type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food additives: approved and properly used		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/C</b> <input type="checkbox"/> <b>N/A</b>	Food received at proper temperature			<input checked="" type="checkbox"/> <b>OUT</b>	Toxic substances properly identified, stored and used		
<input type="checkbox"/> <b>IN</b> <input checked="" type="checkbox"/> <b>OUT</b>	Food in good condition, safe and unadulterated	<input checked="" type="checkbox"/>			<b>Conformance with Approved Procedures</b>		
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input type="checkbox"/> <b>N/O</b> <input checked="" type="checkbox"/> <b>N/A</b>	Required records available: shellstock tags, parasite destruction			<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Compliance with approved Specialized Process and HACCP plan		
	<b>Protection from Contamination</b>				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"/> <b>OUT</b> <input type="checkbox"/> <b>N/A</b>	Food separated and protected						
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	Food-contact surfaces cleaned & sanitized						
<input type="checkbox"/> <b>IN</b> <input type="checkbox"/> <b>OUT</b> <input checked="" type="checkbox"/> <b>N/A</b>	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		
		<b>Food Temperature Control</b>			<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					<b>Utensils, Equipment and Vending</b>		
<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		
		<b>Food Identification</b>			<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		
		<b>Prevention of Food Contamination</b>					<b>Physical Facilities</b>		
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean		

Person in Charge /Title: <i>Angie Hernandez</i> Angie Hernandez	Date: July 6, 2017
Inspector: <i>Rose Mier</i> Rose Mier	Telephone No. (573)431-1947
EPHS No. 1390	Follow-up: Follow-up Date: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Dollar General		ADDRESS 804 Valley Creek Drive		CITY / ZIP Farmington 63640		
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F	
			Ambient, beverage coolers		40, 39, 28	
			Ambient, dairy cooler		40	
			Ambient, freezer		0	
			Ambient, chest ice cream freezer		0	
			Ambient, beverage coolers		40, 40, 40, 35	
Code Reference	<b>PRIORITY ITEMS</b> Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. <b>These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.</b>				Correct by (date)	Initial
3-101.11	A can of Campbell's cream of potato soup and a 7.75 oz. can of Van Camp's Beanee Weenees were crimped from dents. Food packaging shall protect the contents, and food shall be safe. Please dispose of food in damaged cans or place in designated area for return to distributor. COS by removing from retail for damage adjustment.				COS	
3-101.11	A 4 oz. container of Triaminic suspension for children and two boxes of 24 liquid gels of Benadryl allergy medicine expired May 2017. Food shall be safe and discarded when past the expiration date. Please discard or place in a designated area for return to distributor. COS by removing from retail for damage adjustment.				COS	
Code Reference	<b>CORE ITEMS</b> Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). <b>These items are to be corrected by the next regular inspection or as stated.</b>				Correct by (date)	Initial
6-501.12A	The floor was dirty throughout the facility. Physical facility shall be kept clean. Please clean floor in retail, bathrooms, hall in front of bathrooms, and warehouse as often as needed to keep clean.				7/13/17	
6-501.112	Dead insects were observed on the floor around the sides of the coolers. Dead insects shall be removed from the facility.				7/7/17	
3-305.11A	Frost is accumulating on the back of the ice cream chest freezer and encasing the thermometer. Food shall be protected from contamination while in storage. Please plug hole in lid to reduce frost accumulation below the hole. Remove frost to protect food from contamination, and to make thermometer readable.				7/10/17	
4-601.11A 4-101.19	The plastic shelf liners inside the 2 True coolers holding 20 oz. bottles of Pepsi and Coke beverages (located behind check-outs) were dirty. Also, the cooler holding the Coke products had cardboard as a shelf liner. Surfaces requiring frequent cleaning or exposed to moisture shall be made of non-absorbent materials. Please remove cardboard and clean the shelf liners as often as needed to keep clean.				7/10/17	
6-202.15A	Daylight was observed between the front entry doors. Please seal doors to reduce pest entry points.				7/13/17	
EDUCATION PROVIDED OR COMMENTS						
Person in Charge / Title:			Angie Hernandez		Date: July 6, 2017	
Inspector:		Rose Mier		Telephone No. (573)431-1947	EPHS No. 1390	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Follow-up Date:		