



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

TIME IN	11:11 am	TIME OUT	12:47 pm
DATE	July 20, 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 Corporation		PERSON IN CHARGE: Kathy Steele	
ADDRESS: 120 Vierse Drive			ESTABLISHMENT NUMBER: 4604		COUNTY: St. Francois
CITY/ZIP: Farmington 63640		PHONE: 573/756-3334		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 checked="" type="checkbox"/> BAKERY RESTAURANT <input type="checkbox"/> C. STORE SCHOOL <input type="checkbox"/> CATERER SENIOR CENTER <input 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" 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				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 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"/> QVT	Toxic substances properly identified, stored and used		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT	Food in good condition, safe and unadulterated				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						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> QVT <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"/> 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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: <i>Kathy Steele</i>		Kathy Steele		Date: July 13, 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: August 2, 2017	



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**FOOD ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME Dollar General		ADDRESS 120 Vierse Drive		CITY /ZIP Farmington 63640	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Ambient, chest ice cream freezer		0	Ambient, beverage coolers:		38,58,42,42,42
Ambient, wall dairy cooler		39			
Ambient, wall deli meat cooler		39			
Ambient, wall beverage cooler		32			
Ambient, wall freezers		5, 5			

Code Reference	PRIORITY ITEMS	Correct by (date)	Initial
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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.**

NOTE	Several of the small beverage coolers located on shelves had ambient temperatures of 42F. There is no potentially hazardous foods stored in these units.		
NOTE	The Coca Cola beverage cooler had an ambient temperature of 58F. This cooler holds sodas only. According to manager, Coca Cola company is aware of the problem and will bring a replacement cooler. Please do not store any potentially hazardous food in this cooler.		
3-101.11	The following cans of food were dented on a seam or crimped: A 14.5 oz. can of Libby's green beans on the side seam; two 15 oz. cans of VanCamp's pork and beans on their bottom seam; a 20 oz. can of Hearty Creations chicken pot pie on the side seam. Food shall be safe. Please place in a designated area for return to distributor, mark off, or disposal. Please do not put cans that are dented on any of their three seams, or have a crimp from a dent, on the retail shelves. COS by marking out and disposing	COS	
7-201.11B	Medicines and chemicals (body wash, baby wash, fabric softener, air freshener, sunscreen, motor oil, shampoo, wash & wax, etc.), were intermixed with food and single-use items on the clearance shelves and the DG \$1 Deals shelves (located across from the medicine shelves). Chemicals, toxins, and medicines shall be stored separately or below food and single-use items; medicines shall be stored separately from or above chemicals and toxins. Please arrange shelves so food, single-use items, and medicines are protected from cross contamination from chemicals.	7/20/17	

Code Reference	CORE ITEMS	Correct by (date)	Initial
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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.**

6-501.12A	The bases of the toilets in both the men's and women's bathrooms were dirty. Toilets shall be kept clean. Please clean all surfaces of toilets as often as needed to keep clean.	7/20/17	
4-601.11C	Several of the white plastic shelf liners, door ledges, and bottom shelves in the soda coolers, located behind the cash registers, were dirty and had mold growth on them. Non-food contact surfaces shall be cleaned at a frequency to prevent debris accumulation. Please clean shelf liners.	8/2/17	
3-305.11A	An accumulation of frost was observed on the ice cream chest freezer. The frost was touching ice cream packages. Food shall be protected while in storage. Please defrost chest freezer as often as needed to prevent frost from accumulating.	8/2/17	
4-601.11C	Debris and/or mold observed on many of the shelves in the wall dairy cooler. Please clean inside of this refrigerator as often as needed to keep clean.	8/2/17	
4-601.11C	Debris and/or mold observed on several of the shelves in the wall deli meat cooler (especially looking up at the underside of the shelves), and water was pooling in the bottom. Please determine source of leak and repair. Please clean inside of this cooler as often as needed to keep clean. Please keep liquid "mopped" up until a repair is made.	8/2/17	
4-601.11C	The bottom shelf of the wall beverage cooler was sticky with food residue. Please clean inside of this unit as often as needed to keep clean.	8/2/17	
3-305.11A	An endcap display box of Sour Patch candy was on the floor. Food shall be stored a minimum of six inches off the floor. Please elevate this display box.	7/20/17	
4-903.11A	A box of single-use foam plates were stored on the floor next to retail shelving holding beverages. Single-use items shall be stored a minimum of six inches off the floor. Please elevate box of plates off floor.	7/20/17	

EDUCATION PROVIDED OR COMMENTS

Person in Charge / Title: <i>Kathy Steele</i>	Kathy Steele	Date: July 13, 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: August 2, 2017



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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). <b>These items are to be corrected by the next regular inspection or as stated.</b>	Correct by (date)	Initial
4-903.11A	Two boxes labeled "circus peanuts" were on the floor in the warehouse. Food shall be stored a minimum of six inches off the floor. Please elevate the boxes off the floor.	7/20/17	
6-202.15A	Daylight observed below the entry door in the warehouse. Outside openings shall be sealed to reduce pest entry areas. Please seal door.	8/2/17	
5-502.11	Trash cans were overflowing and trash bags stored on top of trash cans in the warehouse. Trash shall be removed from the premises at a frequency to prevent pest attraction; trash shall be stored in cleanable, lidded trash cans. Please remove trash from facility at a frequency to prevent overflow and accumulation.	7/25/17	
5-501.13A			
6-501.11	Insulation cover was peeled from two areas in the ceiling in warehouse, exposing insulation. Please repair.	8/2/17	
6-202.15A	Daylight was observed beneath the front entry doors. Please seal to reduce pest entry points.	8/2/17	
5-501.114	A plug was not in the drain of the outside trash dumpster. Please contact trash company to install a plug in the drain.	8/2/17	

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Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up Date: August 2, 2017