



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

| | | | |
|---------|----------------|----------|----------|
| TIME IN | 10:35 am | TIME OUT | 11:53 am |
| DATE | August 6, 2018 | 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.

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| ESTABLISHMENT NAME: Dollar Tree Store #4076 | OWNER: Dollar Tree Stores, Inc. | PERSON IN CHARGE: Eric Reimann |
| ADDRESS: 1146 North Desloge Drive | ESTABLISHMENT NUMBER: 4666 | COUNTY: St. Francois |
| CITY/ZIP: Desloge 63601 | PHONE: 573.431.4785 | 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"/> 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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A | Proper date marking and disposition | | <input checked="" type="checkbox"/> |
| <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 | | | <input type="checkbox"/> IN <input type="checkbox"/> OUT <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 checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> | | <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 checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A | Food separated and protected | | | | | | |
| <input type="checkbox"/> IN <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 | | | | | | |

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 type="checkbox"/> | <input type="checkbox"/> | Pasteurized eggs used where required | | | <input 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 type="checkbox"/> | <input type="checkbox"/> | Gloves used properly | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Approved thawing methods used | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 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 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 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 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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Physical facilities installed, maintained, and clean | | |

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| Person in Charge / Title: <i>Eric Reimann</i> Eric Reimann | Date: August 6, 2018 |
| 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 21, 2018 |



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FOOD ESTABLISHMENT INSPECTION REPORT



| | | | | | |
|---|--|-------------------------------------|----------------------------------|----------------------------|--------------|
| ESTABLISHMENT NAME Dollar Tree Store #4076 | | ADDRESS 1146 North Desloge Drive | | CITY /ZIP Desloge 63601 | |
| FOOD PRODUCT/LOCATION | | TEMP. in ° F | FOOD PRODUCT/ LOCATION | | TEMP. in ° F |
| Walk-in freezer, ambient | | -2 | Wall freezers, ambient | | 0, -6 |
| Walk-in cooler, ambient | | 35 | Wall coolers, ambient | | 38 |
| | | | Beverage coolers, ambient | | 41, 35 |
| | | | Chest ice cream freezer, ambient | | -8 |

| 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 |
|----------------|---|-------------------|---------|
| 3-202.15 | The following items were either badly dented on one of their seams, or were crimp-dented: two cans of Nestle Table Cream (7.6 oz); 4-oz. can of Chicken of the Sea tuna; 2 cans of Campbell soups; 1 can of Spaghetti O's; 4 cans of Chef Boyardee's Ravioli. Packaging shall protect the contents. CORRECTED ON SITE by marking out of inventory. | COS | ER |
| 4-601.11A | Mold observed on the shelves holding sodas in the Coca Cola cooler, located near checkout 1, and the shelves of the Pepsi cooler, located by checkout 3. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize the inside surfaces of this cooler to remove debris and inhibit mold growth. | 8/21/18 | |
| 4-601.11A | The drinking fountains were dirty. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize the fountains at least daily. Sanitize by mixing 1/2 to 1 teaspoon of regular, unscented bleach in each gallon of water. Wipe or spray on sanitizer after cleaning with a detergent and rinsing with clear water. | 8/6/18 | |

| 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 |
|----------------|---|-------------------|---------|
| 6-202.15B | Daylight was observed between the front entry doors. Outside entry doors shall be sealed to protect against pest entry. Please seal door. | 8/21/18 | ER |
| 6-501.12A | Accumulation of debris and stains observed on the floor. Floors shall be cleaned at a frequency to prevent debris accumulation. Please vacuum and clean floor as often as needed to keep clean. | 8/21/18 | |
| 6-501.12A | All surfaces in both bathrooms were dirty: walls, floors, mirrors, fixtures, toilets, sinks, trash cans, baby changing stations, fan vents. Please thoroughly clean all surfaces and fixtures in both bathrooms. | 8/10/18 | |
| 4-601.11C | There was no soap in the women's bathroom dispenser. Soap shall be available at all times at handwashing sinks. Please supply soap. | 8/6/18 | |
| 6-301.11 | The toilet paper was not in the dispensers in either bathroom. Toilet paper shall be provided in a sanitary dispenser. Please keep toilet paper on dispensers. | 8/6/18 | |
| 3-305.11A | Food was stored on the floor in the warehouse. Food shall be stored a minimum of six inches off the floor. Please elevate food off floor. | 8/21/18 | |
| 3-305.11A | Food was stored on the floor in the walk-in freezer. Please place food on shelves or crates inside the freezer. | 8/7/18 | |
| 6-501.12A | Accumulation of litter observed on the floor of the warehouse. Please clean floor as often as needed to keep clean. | 8/21/18 | |
| 5-501.116 | Trash cans at the check-outs were dirty. Trash cans shall be cleaned when emptied. Please clean trash cans. | 8/10/18 | |
| 6-501.114B | Litter was observed in front of the store. Premises shall be free of litter. Please clean curb and area in front of store as often as needed to keep litter to a minimum. | 8/21/18 | |

EDUCATION PROVIDED OR COMMENTS

A line through an item on page one indicates the item was not observed or is not applicable.

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| Person in Charge (Title):  Eric Reimann | | Date: August 6, 2018 |
| 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: August 21, 2018 |