



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

TIME IN 3:30 pm	TIME OUT 3:55 pm
DATE June 3, 2019	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: Roy's Convenience Store #7		OWNER: Brad and Kelly Juliette		PERSON IN CHARGE: Billie Jenkerson	
ADDRESS: 1580 Highway N		ESTABLISHMENT NUMBER: 4432		COUNTY: St. Francois (187)	
CITY/ZIP: Bismarck, 63624		PHONE: 573.734.6113		FAX: 573.734.6113	
				P.H. PRIORITY : <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L	
ESTABLISHMENT TYPE <input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input 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					
PURPOSE <input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" 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 type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE Date Sampled 3/7/19 Results Satisfactory	

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"/> IN <input 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"/> IN <input 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 type="checkbox"/> IN <input 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		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O	Proper eating, tasting, drinking or tobacco use			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> IN <input 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				Consumer Advisory		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	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/A	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input checked="" type="checkbox"/> IN <input 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				Chemical		
<input checked="" type="checkbox"/> IN <input 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 checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	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			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"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected						
<input checked="" type="checkbox"/> IN <input 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/A	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"/> IN <input checked="" type="checkbox"/> OUT		Pasteurized eggs used where required			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		In-use utensils: properly stored		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Water and ice from approved source			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Utensils, equipment and linens: properly stored, dried, handled		
		Food Temperature Control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Single-use/single-service articles: properly stored, used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Adequate equipment for temperature control			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Gloves used properly		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Approved thawing methods used					Utensils, Equipment and Vending		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Thermometers provided and accurate			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
		Food Identification			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Warewashing facilities: installed, maintained, used; test strips used		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Food properly labeled; original container			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Prevention of Food Contamination					Physical Facilities		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Insects, rodents, and animals not present			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Hot and cold water available; adequate pressure		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Contamination prevented during food preparation, storage and display		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Plumbing installed; proper backflow devices		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Sewage and wastewater properly disposed		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Wiping cloths: properly used and stored			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Toilet facilities: properly constructed, supplied, cleaned		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Fruits and vegetables washed before use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT		Garbage/refuse properly disposed; facilities maintained		
					<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT		Physical facilities installed, maintained, and clean		<input checked="" type="checkbox"/>

Person in Charge /Title:		Billie Jenkerson		Date: June 3, 2019	
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:



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ESTABLISHMENT NAME Roy's Convenience Store #7		ADDRESS 1580 Highway N		CITY /ZIP Bismarck, 63624	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
			No temperatures were taken during this visit.		
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)
	All priority items noted on the March 6, 2019 routine inspection have been corrected.				
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)
6-501.11	Black debris build-up observed on the floor around equipment edges and under equipment. Floor covering is in poor condition. Flooring shall be smooth, non-absorbent, and easily cleanable. Please replace the floor covering to make the entire kitchen floor cleanable.				6/30/19
6-202.15A	Daylight observed at the top of the front entry door. Outside openings shall be sealed to reduce pest entry points. Please seal door.				↓
6-202.11A	Two of the bulbs inside the retail doors of the walk-in cooler were not shielded. Bulbs in areas of food storage shall be shatter-resistant or shielded. Please install shields with endcaps, or shatter-resistant bulbs.				
6-501.12A	Plumbing equipment in the customer bathroom was damaged by a customer. The bathroom was not in use during this visit. Customer bathrooms are not required by the Missouri Food Code. A separate bathroom for staff is available inside the facility. If the customer bathroom is repaired for use, please thoroughly clean before reopening.				
EDUCATION PROVIDED OR COMMENTS					
Person in Charge /Title:		Billie Jenkerson		Date: June 3, 2019	
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: