



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

TIME IN	8:53am	TIME OUT	12:26pm
DATE	12-17-18	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: Casey's General Store #3802		OWNER: Casey's General Stores		PERSON IN CHARGE: Glenna Waller	
ADDRESS: 300 North Desloge Drive			ESTABLISHMENT NUMBER: 4807		COUNTY: 187
CITY/ZIP: Desloge, 63601		PHONE: 573-431-1113		FAX: na	
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 <input checked="" type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input checked="" 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					
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 checked="" type="checkbox"/> OUT N/O N/A	Proper cooking, time and temperature		
	Employee Health			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O 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 checked="" type="checkbox"/> N/O N/A	Proper cooling time and temperatures		
<input checked="" type="checkbox"/> OUT	Proper use of reporting, restriction and exclusion			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper hot holding temperatures		
	Good Hygienic Practices			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper cold holding temperatures		
<input checked="" type="checkbox"/> OUT N/O	Proper eating, tasting, drinking or tobacco use			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Proper date marking and disposition		
<input checked="" type="checkbox"/> OUT N/O	No discharge from eyes, nose and mouth			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O N/A	Time as a public health control (procedures / records)		<input checked="" type="checkbox"/>
	Preventing Contamination by Hands				Consumer Advisory		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/O	Hands clean and properly washed	<input checked="" type="checkbox"/>		<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer advisory provided for raw or undercooked food		
<input checked="" type="checkbox"/> OUT N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed				Highly Susceptible Populations		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		<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"/> 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 checked="" type="checkbox"/>
<input checked="" 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"/> OUT N/A	Food separated and protected						
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT N/A	Food-contact surfaces cleaned & sanitized	<input checked="" type="checkbox"/>					
<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 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 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 type="checkbox"/>	<input checked="" 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		<input checked="" type="checkbox"/>
		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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>		<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: Glenna Waller		Date: December 17, 2018	
Inspector: 	John Wiseman	Telephone No. (573)431-1947	EPHS No. 1507
Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Follow-up Date:	



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ESTABLISHMENT NAME Casey's General Store #3802		ADDRESS 300 North Desloge Drive		CITY /ZIP Desloge, 63601	
FOOD PRODUCT/LOCATION		TEMP. in ° F	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Delfield freezer ambient		8	Retail sandwich reach-in ambient		34 - 40
Pizza prep cooler: ambient, egg, mushroom, ham		30, 38 41, 41	Pizza held by time Cream in dispenser		142 36
Delfield cooler ambient		38	Walk-in cooler		30
Pizza from oven		194	Walk-in freezer		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
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4-501.114 C	The quaternary ammonia sanitizer present in the sanitize bucket in the kitchen was measured at less than detectable. Quaternary ammonia sanitizers shall be used at the concentration indicated by the manufacturer of the product. COS by making the sanitizer to 300 ppm.	COS	
4-501.114 C	Quaternary ammonia sanitizer present in the sanitizer basin of the three compartment sink was measured at less than detectable. Quaternary ammonia sanitizers shall be used at the concentration indicated by the manufacturer of the product. When attempting to remake the sanitizer solution, the employee dispensed the solution from the wall-mounted chemical dispenser installed above the sink. Observation of the chemicals supplied to this dispenser revealed that the chemical reservoirs were empty. According to the manager, this equipment is not intended to be used. COS The sanitizer in the sink was prepared at the recommended concentration manually. Please remove the wall-mounted chemical dispenser from above the sink.	COS	R
2-301.14	Very little hand washing was observed by the kitchen employees. Employees were observed donning single use gloves without first washing their hands. Employees were observed wearing single use gloves while touching numerous surfaces in the kitchen, including ready to eat foods. Employees shall wash their hands immediately before engaging in food preparation including working with food, clean equipment and utensils, and single use items. Please ensure that employees are washing their hands as required. Please be aware that single use gloves must be replaced when they become contaminated. COS by discussion with management.	COS	

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
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4-204.112 D	The ambient thermometers present in the pizza prep cooler and the under counter freezer were located in the back of the units, making observation difficult. Temperature measuring devices shall be easily readable and conspicuously located for convenient observation. Please locate cooling unit thermometers where they can be easily read. COS by relocating.	COS	
4-601.11C	Minor food debris was observed on the floor of the Delfield cooler in the kitchen. Non-food contact surfaces shall be kept free of an accumulation of dust, dirt, food residue and debris. Please clean the cooler interior as needed. COS by cleaning.	COS	
3-304.12A	A paper cup was observed stored in an open bag of popcorn chicken in the Delfield freezer. Food dispensing utensils shall be stored with their handles above the the food. COS by removing the cup from the bag of food.	COS	GW
3-304.14B	A wet wiping cloth was observed stored on the pizza prep surface. Cloths in use for wiping counters and other equipment surfaces shall be held in an approved chemical sanitizer. COS by moving the cloth to the sanitizer bucket.	COS	
4-302.14	Quaternary ammonia test strips were not available to determine the proper concentration of the sanitizer used in the kitchen. A test kit that accurately measures the concentration of the sanitizer in ppm shall be provided. Please provide a test kit for the sanitizer used.	1-1-19	

EDUCATION PROVIDED OR COMMENTS

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ESTABLISHMENT NAME Casey's General Store #3802		ADDRESS 300 North Desloge Drive		CITY /ZIP Desloge, 63601	
FOOD PRODUCT/LOCATION Sandwich cooler ambient		TEMP. in ° F 30	FOOD PRODUCT/ LOCATION		TEMP. in ° F
Code Reference	PRIORITY ITEMS	Correct by (date)			Initial
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.					
4-601.11A	Food splatters were observed on the upper interior surfaces of the kitchen microwave. Food contact surfaces shall be clean to sight and touch. COS by cleaning.	COS			
7-102.11	A spray bottle of unlabeled blue cleaner was observed in use in the drive-up area. Working containers of toxic materials shall be labeled with the common name of the material. COS by labeling.	COS			
4-601.11A	Mold was observed on the deflector inside the ice machine in the drive-up area. Food contact surfaces shall be clean to sight and touch. COS by cleaning.	COS			
3-501.17A	Cream present in the dispenser in the retail area was not labeled with a discard date. Potentially hazardous foods held refrigerated shall be marked with a discard date. The manufacturer's instructions indicated that the product should be marked with a discard date that is 14 days after opening. COS by marking the product with an accurate discard date.	COS			L
4-601.11A	An accumulation of debris was observed on the nozzle housing of the customer access soda fountains. Food contact surfaces shall be clean to sight and touch. Please clean and sanitize these surfaces daily. COS by cleaning.	COS			
3-501.19	All hot items offered in the retail area are held by time as a public health control. The kitchen maintains a log of batches of food types and when they are placed in retail and when they are to be removed and discarded. The facility's holding time for these foods is one hour. This policy has been established at the time of this inspection and a TPHC form completed.	COS			
Code Reference	CORE ITEMS	Correct by (date)			Initial
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.					
5-205.11A	Access to the hand wash sink in the back storage area was blocked by a box. Soap and paper towels were not supplied to the sink. An accumulation of debris was inside the sink and a waste can for used paper towels was not available. The box was removed from the area, soap and paper towels were provided. COS	COS			
6-501.18					
6-301.11					
6-301.12					
5-501.16C					
6-501.12A	An accumulation of soda syrup was observed on the floor and on table surfaces below the soda dispensers in the back storage room. Physical facilities shall be cleaned as often as necessary to keep them clean. Please clean this area.				

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				Follow-up Date: